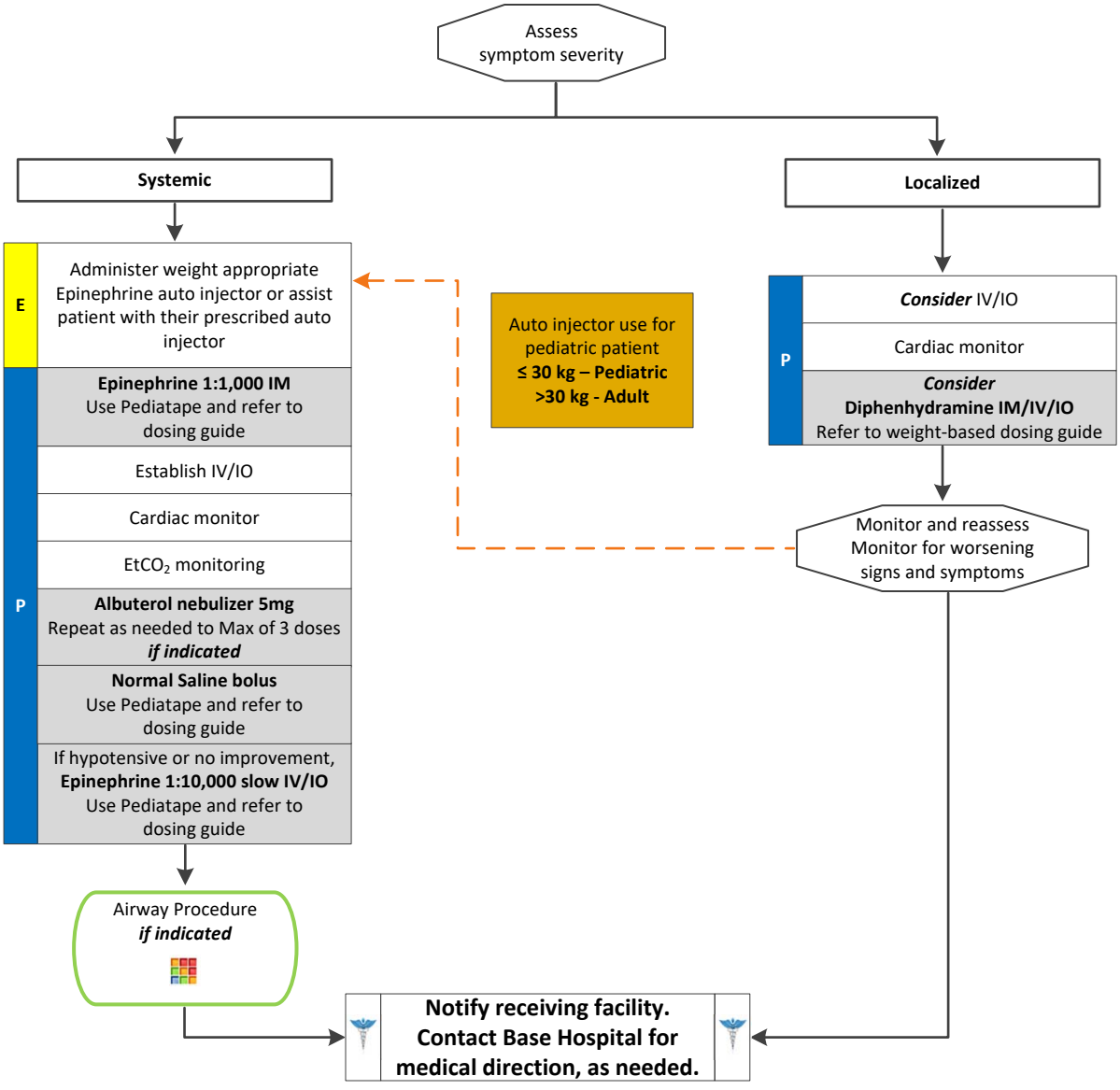
Pediatric Allergic Reaction/Anaphylaxis

History
- Onset and location
- Insect sting or bite
- Food allergy / exposure
- Medication allergy / exposure
- New clothing, soap or detergent
- Past history of reactions
- Past medical history
- Medication history

Signs and Symptoms
- Itching or hives
- Coughing, wheezing or respiratory distress
- Chest or throat restriction
- Difficulty swallowing
- Hypotension or shock
- Edema
- Nausea or vomiting
- Feeling of impending doom

Differential
- Urticaria (rash only)
- Anaphylaxis (systemic effect)
- Shock (vascular effect)
- Angioedema (drug induced)
- Aspiration or airway obstruction
- Vasovagal event
- Asthma or COPD
- CHF



Pediatric Treatment Guidelines

Treatment Guideline P02

CONTRA COSTA EMERGENCY MEDICAL SERVICES
A Division of Contra Costa Health Services

Effective Jan. 2020

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Pearls

- **Anaphylaxis is an acute and potentially lethal multisystem allergic reaction.**
- **Epinephrine is the drug of choice and the first drug that should be administered in acute anaphylaxis reactions with moderate or severe symptoms. IM Epinephrine should be administered as priority before or during attempts at IV or IO access.**
- **Anaphylaxis unresponsive to repeat doses of IM Epinephrine may require IV Epinephrine administration. Contact the Base Hospital for refractory anaphylaxis.**
- Allergic reactions may occur with only respiratory and gastrointestinal symptoms and have no rash or skin involvement.
- All patients with respiratory symptoms must have continuous pulse oximetry and $EtCO_2$ measurement.
- The shorter the onset of symptoms from contact with an allergen, generally the more severe the reaction.