

P 2 Anaphylaxis

Hypotension, bronchospasm, high peak-airway pressures, decrease or lack of breath sounds, tachycardia, urticaria

START

- 1 **Call for help and a code cart/defibrillator**
 - ▶ **Ask: “Who will be the crisis manager?”**
- 2 **Give epinephrine bolus (may be repeated)**
- 3 **Open IV fluids and/or give fluid bolus**
 - NS or LR (10-30 mL/kg IV)
- 4 **Remove potential causative agents**
- 5 **Turn FiO₂ to 100%**
- 6 **Establish/secure airway**
- 7 **Consider...**
 - ▶ Turning off volatile anesthetics if patient remains unstable
 - ▶ Vasopressin for patients with continued hypotension despite repeated doses of epinephrine
 - ▶ Epinephrine infusion for patients who initially respond to bolus doses of epinephrine but experience continued symptoms
 - ▶ Diphenhydramine
 - ▶ H₂ blockers
 - ▶ Hydrocortisone
 - ▶ Tryptase level: Check within first hour, repeat at 4 hr and at 18 – 24 hrs post reaction. Red top tube.
 - ▶ Terminate procedure

DRUG DOSES and treatments

Epinephrine:	• BOLUS: 1-10 mcg/kg, repeat as necessary
	• INFUSION: 0.02-0.20 mcg/kg/min, if needed to maintain BP
Vasopressin:	0.4-1 Units/kg IV, max 40 Units
Diphenhydramine:	1 mg/kg, max 50 mg IV
Famotidine:	0.25 mg/kg IV
Hydrocortisone:	2 mg/kg IV, max 100 mg
Albuterol:	4-10 puffs as needed for bronchoconstriction

Common CAUSATIVE AGENTS

- Neuromuscular blocking agents
- Antibiotics
- Latex products
- IV Contrast

Critical CHANGES

If cardiac arrest

- Go to
 - ▶ Pedi CHKLST 4 Cardiac Arrest – Aystole/PEA
 - ▶ Pedi CHKLST 5 Cardiac Arrest – VF/VT