### BLS
- Ensure patent airway
- O₂ saturation PRN
- O₂ and/or ventilate PRN
- Attempt to identify allergen and route (injected, ingested, absorbed, or inhaled)
- Safely remove allergen (e.g., stinger, injection mechanism), if possible
- Epinephrine auto-injector
  - Patient 15 to 33 kg (33 to 73 lbs), 0.15 mg IM x1
  - Patient ≥33 kg (≥73 lbs), 0.3 mg IM x1
- May assist patient to self-medicate own prescribed epinephrine auto-injector or albuterol MDI once only. BH contact required for additional dose(s).

### Assess for hypotension
- <1 month: SBP <60 mmHg
- 1 month – 1 year: SBP <70 mmHg
- 1 year – 10 years: SBP <70 mmHg + (2x age in years)
- >10 years: SBP <90 mmHg

### ALS
- Monitor/EKG
- IV/IO SO
- Capnography SO PRN

#### Allergic reactions (skin signs only)
- Urticaria (hives, rash)
- Erythema (flushing)
- Pruritus (itching)
- Diphenhydramine per drug chart IV/IM SO

#### Suspected anaphylactic reactions
- Respiratory: throat tightness, hoarse voice, wheezing/stridor, cough, SOB
- Cardiovascular: fainting, dizziness, tachycardia, low BP
- GI: nausea, vomiting, abdominal cramping
- Tissues: angioedema of eyelids, lips, tongue, face

#### Anaphylaxis treatment
- Epinephrine 1:1,000 (1 mg/mL) per drug chart IM (lateral thigh) SO, MR x2 q5 min SO then
- Diphenhydramine per drug chart IV/IM SO

#### Anaphylaxis with respiratory involvement
- Albuterol per drug chart via nebulizer* SO, MR SO
- Ipratropium bromide per drug chart via nebulizer† added to first dose of albuterol SO

#### Anaphylaxis with hypotension for age
- Fluid bolus IV/IO per drug chart SO to maintain adequate perfusion. MR SO.
- Push-dose epinephrine 1:100,000 (0.01 mg/mL) per drug chart IV/IO BHO, MR q3 min, titrate to maintain adequate perfusion BHO.

#### Push-dose epinephrine mixing instructions
1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe
2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe
The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.

---

*Infection control: If concerned about aerosolized infectious exposure, substitute with albuterol MDI, if available

†Infection control: If concerned about aerosolized infectious exposure, use patient’s ipratropium bromide MDI, if available, or withhold ipratropium bromide