Protocol: Pediatric Anaphylaxis-CEC  PDN: 6250.02-CEC  Last Updated: February 22, 2008  Subject: Pediatric Allergic Reaction  Page 1

Assessment
- partial to complete airway obstruction
- signs of shock
- +/- history allergy/urticaria

- do not delay on scene
- IV maybe started en route

O2 100% by mask or blow by

Stridor
- yes
  - PCP ICP ACP CCP
  - see pediatric stridor protocol
- no
  - CEC Team *
  - epinephrine
    - 0.01mg/kg IM
    - (1:1000)
    - (max. individual dose 0.3mg)
  - repeat every 5-20min

Airway/ventilation adequate
- yes
  - PCP ICP - basic airway management - call for ACP intercept
  - ACP CCP - see pediatric advanced airway management protocols
- no
  - PCP ICP ACP CCP - see pediatric shock protocols

BP/perfusion adequate
- yes
  - CEC Team *
  - diphenhydramine
    - 1.0mg/kg IV
  - PCP ICP ACP CCP
  - Transport
- no
  - CEC Team *
  - consider salbutamol
    - 2.5mg aerosol if wheezing

*CEC Team May Include PCP, ICP, ACP, CCP, RN

Approved by: Dr. Andrew Travers, Provincial Medical Director for the use in the CEC after hours