

INITIAL OFFICE MANAGEMENT OF ANAPHYLAXIS

Anaphylaxis is an acute life threatening and rare event. Routine childhood immunizations rarely cause anaphylaxis.

1 CALL FOR MD

2 EVALUATE PATIENT FOR ANAPHYLAXIS

	INFANTS	CHILDREN & ADULTS
Onset of symptoms	Over several minutes, usually within 15 min after injection	
First symptoms	Unable to complain	Dizzy, itching, breathing difficulty
Level of consciousness	Irritable, high pitched cry, anxious, restless	Some confusion or less responsive, usually no loss of consciousness
Appearance	Flushed (pink-red) with hives	Flushed (pink-red), hives, facial swelling
Vital signs	Pulse often above 200	Rapid, weak pulse and low blood pressure
Breathing	Rapid with retractions; possible wheezing, stridor, or cough	Wheezing or stridor with progressive distress

3 CALL 911 Ask clerk or assistant to call, do not leave patient

4 GENERAL TREATMENT

- ✓ LIE ON BACK, WITH LEGS ELEVATED AS TOLERATED– INFANTS MAY BE HELD BY PARENT
- ✓ IF AVAILABLE, GIVE OXYGEN

5 SPECIFIC TREATMENT OF ANAPHYLAXIS

AQUEOUS EPINEPHRINE 1:1000 (1 ML = 1 MG) (INTRAMUSCULAR OR SUBCUTANEOUS)

0.01 ML/KG PER DOSE (MAY BE REPEATED EVERY 5 MINUTES AS NECESSARY, UP TO 3 DOSES)

USUAL DOSAGE		
Infants: 0.05–0.1 ML	Under 20 lbs	0.1 ML
Children: 0.1–0.3 ML	20–35 lbs	0.15 ML
	35–50 lbs	0.2 ML
Adolescents/Adults: 0.3–0.5 ML	50–100 lbs	0.3 ML

*Epinephrine available in glass ampule & EpiPen® & EpiPen Jr.® Replace if expiration date exceeded.

6 EMS TRANSPORT TO ACUTE CARE FACILITY