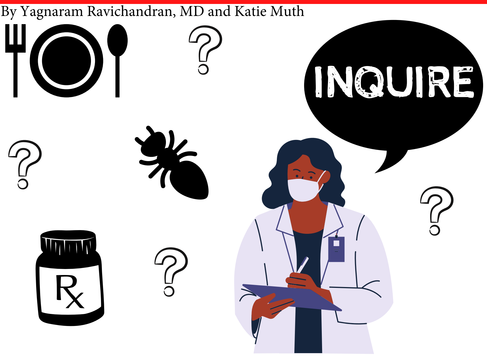
ALLERGIC EMERGENCIES

By Yagnaram Ravichandran, MD and Katie Muth



Allergic Reaction

Anaphylaxis & Anaphylactic Shock

INTERVENE

- Symptomatic care
  - Famotidine
  - Diphenhydramine
- +/- Steroids
  - Prednisolone
  - Decadron

- Remove offending agent or exposure to agent
- ABCs, oxygen, fluid resuscitation
- Less than 15 kg - 0.15 mg IM epi; more than 15 kg - 0.3 mg IM epi every 5 to 15 minutes
  - Use patient's epipen if available
- 1:1,000 solution (1 mg/ml)
  - Dose is 0.01 mg/kg (max 0.5 mg if more than 50 kg)
- Albuterol for wheezing and racemic epi for stridor
- Second line therapies
  - Methylprednisolone 2 mg/kg (max 125 mg)
  - Diphenhydramine 1 mg/kg (max 50 mg)
  - Famotidine 0.5 mg/kg (20 mg)

DISPOSITION

Allergic reaction requiring symptomatic care	→ Discharge home
Anaphylaxis with stable vitals	→ Observe 4 to 6 hours, discharge home or admit for observation
Anaphylactic shock	→ Admit to ICU

PEM NUGGETS

- Anaphylaxis is one of the most common life-threatening emergencies in children.
- Delayed epi administration leads to increased mortality and morbidity.
- Children do not demonstrate hypotension or circulatory collapse (compensate with increased HRs).
- Hypotension is not required to diagnose anaphylaxis in children.
- Skin manifestations (urticaria) are more common in children than in adults.