Anaphylaxis Triage Screening Tool²
(Anaphylaxis highly likely if any ONE of the following 3 criteria are fulfilled)

Use Clinical Judgement
1. Acute onset of illness with skin/mucosal symptoms AND respiratory symptoms OR hypotension/syncope
2. Rapid onset 2 or more symptoms after exposure to likely allergen for patient (skin/mucosal, respiratory, GI, hypotension/syncope)
3. Hypotension after exposure to known allergen for patient

Positive=MD/RN SWARM

Remove trigger exposure
IMMEDIATE IM EPINEPHRINE
100% oxygen via NRB
Position patient appropriately
Cardiac monitor
Consider IV/IO access (hold blood)

Improved after 1 dose of IM epinephrine

Yes

Monitor 4-6 hours
Consider adjunct medications
If well-appearing after 4-6 hours
Discharge home
Epinephrine autoinjector prescription and teaching
Anaphylaxis action plan
Ad hoc referral to pediatric allergy
Patient support resources

No

Repeat IM epinephrine q 5-15 mins prn (up to 3 doses)
Consider NS bolus(es) 20 ml/kg
If wheezing → albuterol neb(s)
If stridor → racemic epinephrine neb(s)
Consider adjunct medications

If improved
Admit to GPU or PICU
If refractory anaphylaxis
Start epinephrine infusion
Admit to PICU

Epinephrine Dosing
1:1000 (1mg/mL):
- < 7.5kg: 0.01mg/kg
- 7.5 to 24kg: 0.15mg
- >25: 0.3mg

IM mid-anterolateral thigh
Use anaphylaxis care set

UNMH Pediatric Anaphylaxis Pathway
### Medication Dosing for Anaphylaxis

**Epinephrine infusion:** (64mcg/mL), 0.03 mcg/kg/min, IV (0.03 to 1 mcg/kg/min IV infusion, titrate per protocol)

**Nebulized Medications:**
- Racemic epinephrine 2.25% solution, 0.5mL, nebulized
- Albuterol 5mg, nebulized

**Adjunct Medications:**
- Diphenhydramine 1.25mg/kg, IV (max 50mg)
- Diphenhydramine 1.25mg/kg, by mouth (max 50mg)
- Famotidine 0.5mg/kg, IV (max 20 mg)
- Famotidine 0.5mg/kg, by mouth (max 20mg)
- Methylprednisolone 2mg/kg, IV (max 60mg)
- Dexamethasone 0.6mg/kg, by mouth (max 10mg)

### Signs and Symptoms of Anaphylaxis

**Skin/Mucosal:** flushing, itching, urticaria, angioedema, periorbital erythema/edema, conjunctival erythema/tearing, swelling of lips/tongue/uvula

**Respiratory:** nasal itching/congestion/rhinorrhea/sneezing; throat itching/tightness, dysphonia, hoarseness, stridor, cough; tachypnea, shortness of breath, chest tightness, wheezing, cyanosis, respiratory arrest

**GI:** abdominal pain, nausea, vomiting, diarrhea, dysphagia

**CV:** chest pain, tachycardia, bradycardia, other arrhythmias, palpitations, hypotension, feeling faint/syncope, incontinence, shock, cardiac arrest

**CNS:** aura of impending doom, uneasiness/sudden behavioral change, throbbing headache, altered mental status, dizziness, confusion, tunnel vision

### Anaphylaxis Pathway Goals

Patients with anaphylaxis will receive:
- IM epinephrine within 10 minutes of ED arrival
- New-onset anaphylaxis will be discharged with epinephrine autoinjector prescription
- New-onset anaphylaxis will be discharged with an anaphylaxis action plan
- New-onset anaphylaxis will be referred to pediatric allergy

### Patient Positioning in Anaphylaxis

Place patient **SUPINE**
- If respiratory distress → upright
- If active emesis → left lateral decubitus
- **AVOID RAPIDLY MOVING PATIENT UPRIGHT**

### References