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

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**UNMH Pediatric Anaphylaxis Pathway**

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

IM mid-anterolateral thigh
Use anaphylaxis care set

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**Remove trigger exposure**

**IMMEDIATE IM EPINEPHRINE**

- 100% oxygen via NRB
- Position patient appropriately
- Cardiac monitor
- Consider IV/IO access (hold blood)

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**Improved after 1 dose of IM epinephrine**

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**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

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If improved ➔

- Admit to GPU or PICU

If refractory anaphylaxis ➔

- Start epinephrine infusion
- Admit to PICU
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)

Remove Trigger Exposure

- Discontinue IV/oral medications
- Wash skin (face/hands)

Patient Positioning in Anaphylaxis

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

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

References