



Division of Paediatric Emergency Medicine Anaphylaxis Order Set

For children who meet anaphylaxis criteria described at the back page.

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IMPRINT OR ENTER DETAILS BY HAND

WEIGHT (kg)	ALLERGIES <input type="checkbox"/> NKDA
Pre hospital medication <input type="checkbox"/> None	Time Dose Route
Epinephrine	
Antihistamine	
Other	

Signature Key	
Name	Initials

Provider Initials / Date/Time	ORDERS	Noted by RN Initials / Time
	Monitoring: <input type="checkbox"/> Continuous HR, RR, and O2 saturation monitoring <input type="checkbox"/> Vital Signs: HR,BP,RR,O2 Sat every _____ minutes <input type="checkbox"/> Maintain saturation above 94%	
	Initial treatment: <input type="checkbox"/> epinephrine: _____ mg IM thigh (0.01 mg/kg 1:1000 IM maximum 0.5 mg) Q5-15 minutes	
	If hypotension persists after 3rd dose of IM epinephrine consider: <input type="checkbox"/> epinephrine IV infusion _____ mcg/kg/min (0.1-1 mcg/kg/min, maximum 10 mcg/min) If patient on Beta blocker medication consider: <input type="checkbox"/> glucagon _____ mcg IV(20 - 30 mcg/kg bolus, maximum 1 mg) Then start glucagon IV infusion _____ mcg/kg/hr (10-20 mcg/kg/hr)	
	Respiratory: salbutamol (3 doses back to back if patient is showing signs of bronchospasm) <input type="checkbox"/> 4 puffs (for patients weighing less than 15 kg) OR <input type="checkbox"/> salbutamol 8 puffs (for patients weighing equal or greater than 15 kg) OR <input type="checkbox"/> salbutamol _____ mL nebulizer (0.5 – 1mL in 3 mL NS)	
	<input type="checkbox"/> epinephrine 1:1000 _____ mg nebulizer (less than 5 kg 0.5mg/kg/dose, equal to or greater than 5 kg 2.5-5 mg/dose)	
	IV Therapy: <input type="checkbox"/> NS bolus: _____ mL (20 mL/kg) over _____ minutes <input type="checkbox"/> D5%NS : _____ mL/hr	
	Adjunctive Therapy: <input type="checkbox"/> diphenhydrAMINE (BENADRYL®) _____ mg IV/IM/PO (1 mg/kg, maximum 50 mg/dose) <input type="checkbox"/> ranitidine _____ mg _____ (1 mg/kg IV, maximum 50 mg/dose, 2 mg/kg PO, maximum 300 mg/dose) <input type="checkbox"/> Steroids: <input type="checkbox"/> methylPREDNISolone _____ mg IV(1 mg/kg, maximum 80 mg/dose) OR <input type="checkbox"/> dexamethasone _____ mg PO (0.6 mg/kg, maximum 20 mg/dose) OR <input type="checkbox"/> prednisoLONE _____ mg PO (1 mg/kg, maximum 60 mg/dose)	
	Discharge Planning: <input type="checkbox"/> Anaphylaxis education resources provided from www.aboutkidshealth.com epinephrine Auto-injector training provided to <input type="checkbox"/> Patient <input type="checkbox"/> Parent(s)/Guardian(s) epinephrine Auto-injector Prescription <input type="checkbox"/> None (patient has 2 or more) <input type="checkbox"/> 1 <input type="checkbox"/> 2 Allergist referral: <input type="checkbox"/> To be arranged by primary provider OR <input type="checkbox"/> Follow up with primary allergist	

Anaphylaxis is highly likely when any one of the following three criteria are fulfilled:

1- Acute onset of an illness (minutes to several hours) with involvement of the skin, mucosal tissue or both

(eg, generalized hives, pruritus or flushing, or swollen lips-tongue-uvula) and at least one of the following:

- a. Respiratory compromise (eg, distress, wheeze-bronchospasm, stridor, reduced PEF or hypoxia)
- b. Reduced BP or associated symptoms of end-organ dysfunction (eg, hypotonia [collapse], syncope or incontinence)

2- Two or more of the following that occur rapidly after exposure to a likely allergen for that patient (minutes to several hours):

- a. Involvement of the skin-mucosal tissue (eg, generalized hives, itch-flush or swollen lips-tongue-uvula)
- b. Respiratory compromise (eg, dyspnea, wheeze-bronchospasm, stridor, reduced PEF or hypoxemia)
- c. Reduced BP or associated symptoms of end-organ dysfunction (eg, hypotonia [collapse], syncope or incontinence)
- d. Persistent gastrointestinal symptoms (eg, crampy abdominal pain or vomiting)

3- Reduced BP after exposure to a known allergen for that patient (minutes to hours)

- a. Infants and children: low systolic BP (age specific) or greater than 30% decrease in systolic BP.

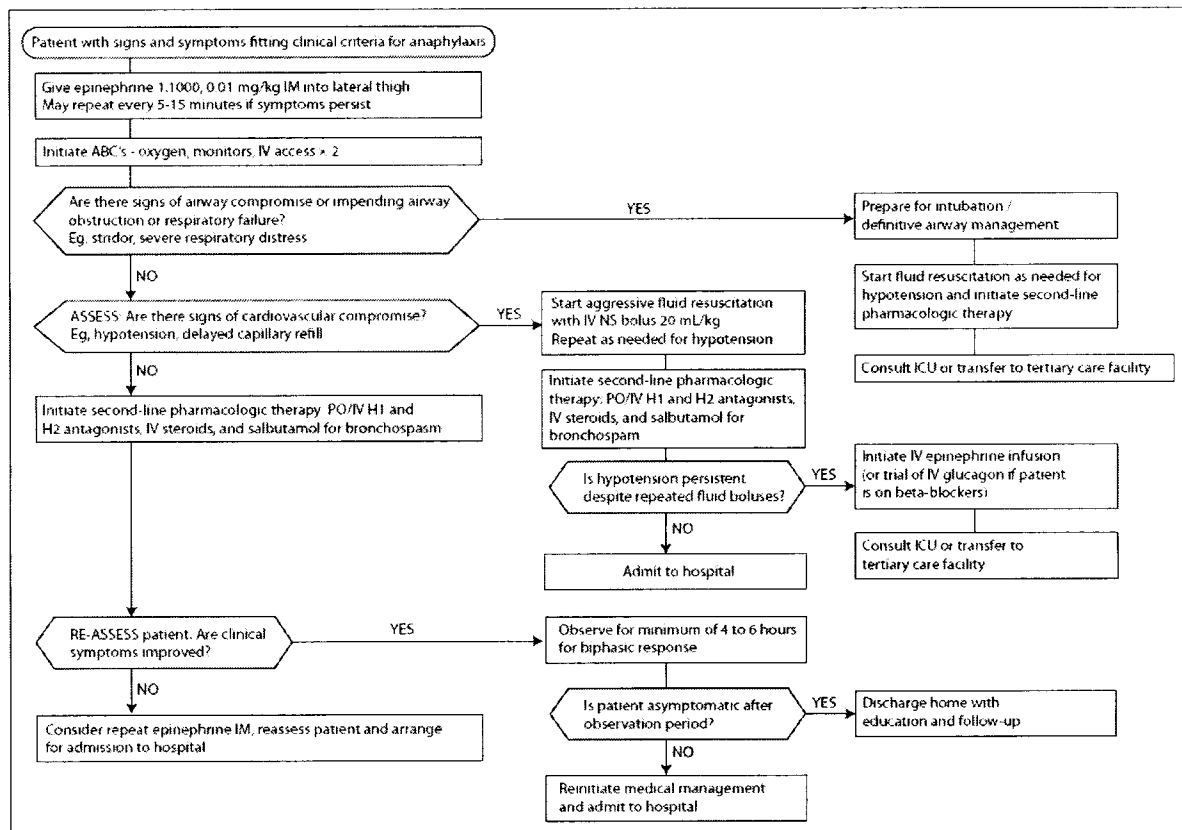


Figure 1) Approach to medical management of anaphylaxis. ABC: Airway, breathing and circulation; ICU: Intensive care unit; IM: Intramuscular; IV: Intravenous; NS: Normal saline; PO: Oral

From Canadian Paediatric Society (CPS) anaphylaxis statement 2011