



Pediatric Allergic Reaction

History

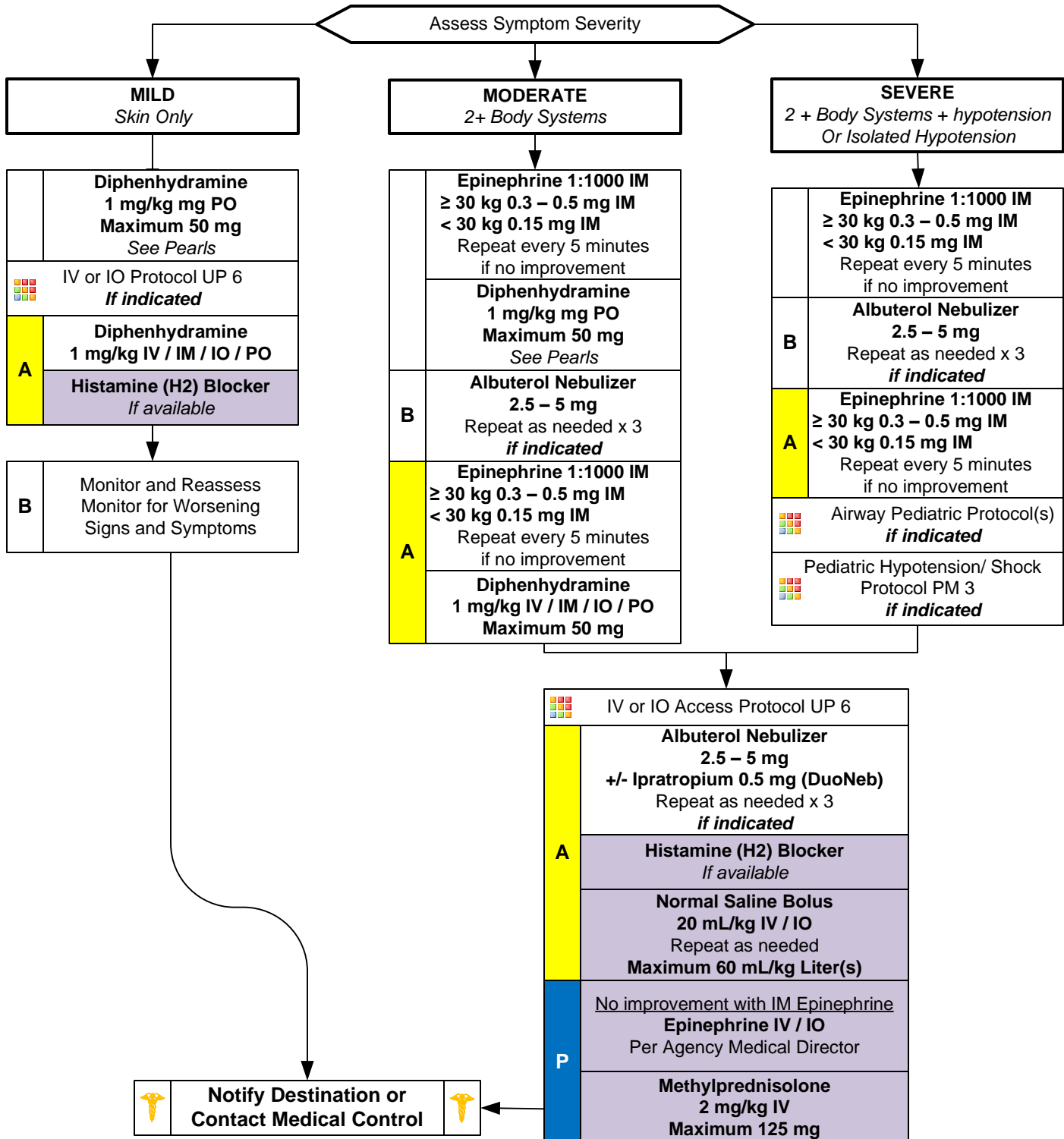
- Onset and location
- Insect sting or bite
- Food allergy/ exposure
- Medication allergy/ exposure
- New clothing, soap, detergent
- Past medical history/ reactions
- Medication history

Signs and Symptoms

- Itching or hives
- Coughing/ wheezing or respiratory distress
- Chest or throat constriction
- Difficulty swallowing
- Hypotension or shock
- Edema

Differential

- Urticaria (rash only)
- Anaphylaxis (systemic effect)
- Shock (vascular effect)
- Angioedema (drug induced)
- Aspiration/ Airway obstruction
- Vasovagal event
- Asthma/ COPD /CHF





Pediatric Allergic Reaction

Pearls

- **Recommended Exam: Mental Status, Skin, Heart, Lungs, Abdomen**
- **Anaphylaxis is an acute and potentially lethal multisystem allergic reaction.**
- **Epinephrine administration:**
 - **Drug of choice and the FIRST drug that should be administered in acute anaphylaxis (Moderate/ Severe Symptoms.)** **IM**
 - **Epinephrine should be administered in priority before or during attempts at IV or IO access.**
- **Diphenhydramine and steroid administration:**
 - **Diphenhydramine/ steroids have no proven benefit in Moderate/ Severe anaphylaxis.**
 - **Diphenhydramine/ steroids should NOT delay initial or repeat Epinephrine administration.**
 - **In Moderate and Severe anaphylaxis, Diphenhydramine may decrease mental status.**
 - **Diphenhydramine should NOT be given to a patient with decreased mental status and/ or a hypotensive patient** **as this may cause nausea, vomiting, and/ or worsening mental status.**
- **Anaphylaxis unresponsive to repeat doses of IM epinephrine may require IV epinephrine administration by IV push or epinephrine infusion. Contact Medical Control for appropriate dosing.**
- **Paramedics can administer Methylprednisolone to Pediatric patients. Even when operating on an AEMT ambulance.**
- **Symptom Severity Classification:**
 - **Mild symptoms:**
 - **Flushing, hives, itching, erythema with normal blood pressure and perfusion.**
 - **Moderate symptoms:**
 - **Flushing, hives, itching, erythema plus respiratory (wheezing, dyspnea, hypoxia) or gastrointestinal symptoms (nausea, vomiting, abdominal pain) with normal blood pressure and perfusion.**
 - **Severe symptoms:**
 - **Flushing, hives, itching, erythema plus respiratory (wheezing, dyspnea, hypoxia) or gastrointestinal symptoms (nausea, vomiting, abdominal pain) with hypotension and poor perfusion.**
- **Allergic reactions may occur with only respiratory and gastrointestinal symptoms and have no rash/ skin involvement.**
- **Angioedema** is seen in moderate to severe reactions and is swelling involving the face, lips or airway structures. This can also be seen in patients taking blood pressure medications like Prinivil / Zestril (lisinopril)-typically end in -il.
- **Hereditary Angioedema** involves swelling of the face, lips, airway structures, extremities, and may cause moderate to severe abdominal pain. Some patients are prescribed specific medications to aid in reversal of swelling. **Paramedic may assist or administer this medication per patient/ package instructions.**
- **Fluids and Medication titrated to maintain a SBP >70 + (age in years x 2) mmHg.**
- **Patients with moderate and severe reactions should receive a 12-Lead ECG and should be continually monitored, but this should NOT delay administration of epinephrine.**
- **EMR/ EMT:**
 - **The use of Epinephrine IM is limited to the treatment of anaphylaxis and may be given only by autoinjector, unless manual draw-up is approved by the Agency Medical Director and the NC office of EMS.**
 - **Administration of diphenhydramine is limited to the oral route only.**
 - **EMT administration of beta-agonist is limited to only patients currently prescribed the medication, unless approved by the Agency Medical Director and the NC office of EMS.**
 - **Agency Medical Director may require contact of medical control prior to EMT/ EMR administering any medication(s). Medical Director may require contact of medical control prior to EMT/ EMR administering any medication.**
 - **The shorter the onset from exposure to symptoms the more severe the reaction.**