

POLICY: 555.42
TITLE: Pediatric Allergic Reaction

EFFECTIVE: 6/10/20
REVIEW: 6/2025
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC ALLERGIC REACTION

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL:

STANDING ORDERS	
ASSESS	CAB
REMOVE ALLERGEN	If possible (e.g. bee stinger) and apply ice to site.
OXYGEN	Oxygen delivered as appropriate.
MONITOR	Treat rhythm as appropriate.
MILD REACTION (hives, rash, swelling)	
IV ACCESS	TKO with microdrip tubing and volume control chamber.
DIPHENHYDRAMINE	1 mg/kg IV/IO/IM (maximum dose 25 mg) for severe itching.
SEVERE REACTION/ANAPHYLAXIS (wheezing, stridor, hypotension, severe respiratory depression, oral swelling, altered mental status)	
EPINEPHRINE	0.01 mg/kg of 1:1,000 IM (maximum dose 0.3 mg). (EMTs may use EITHER Epinephrine by auto-injector OR an Agency approved Epinephrine injection kit. 0.15 mg 1:1000. NO repeat doses permitted.)
IV/IO ACCESS	TKO with microdrip tubing and volume control chamber.
DIPHENHYDRAMINE	1 mg/kg IV/IO/IM (maximum dose 50 mg) for severe itching.
ALBUTEROL	If wheezing or stridor: 3.0 ml in 15 ml saline (or 6 unit dose vials) via nebulizer over 1 hour, or until symptoms improve. Repeat as needed.
BASE PHYSICIAN ORDERS	
PUSH DOSE EPINEPHRINE	0.5 – 2.0 mL of 10 mcg/mL concentration EPINEPHRINE if low systolic BP. May repeat every 1-2 minutes to length based tape systolic BP target.