

**BASIC EMERGENCY MEDICAL TECHNICIAN PROTOCOLS**

455

**PEDIATRIC ANAPHYLACTIC REACTION**

**NOTE:** Anaphylaxis can be a potentially life-threatening situation most often associated with a history of exposure to an inciting agent/allergen (bee sting or other insect venom, medications/drugs, or foods such as peanuts, seafood, etc.). The presence of respiratory distress (upper airway obstruction [stridor], lower airway disease/severe bronchospasm [wheezing]) and/or cardiovascular collapse/hypotensive shock characterize the clinical findings that authorize and require treatment according to this protocol. This protocol applies to patients under 9 years old or patients weighing less than 30 kg (66 lbs). For patients 9 years of age or older, or over 30 kg (66 lbs) refer to the adult anaphylaxis protocol (#410).

1. Determine that the patient’s history includes a history of anaphylaxis, severe allergic reaction and/or recent exposure to an allergen or inciting agent.

**NOTE:** Do not delay transport to the hospital

2. Administer high concentration oxygen.
3. Assess the cardiac and respiratory status of the patient.
4. If **both** the cardiac and respiratory status of the patient are normal, initiate transport.
5. If **either** the cardiac or respiratory status of the patient is **abnormal**, proceed as follows:
  - a. If the patient is having severe respiratory distress **or** shock **and** has been prescribed a pediatric (0.15 mg) Epinephrine auto-injector, assist the patient in administering the Epinephrine 0.15 mg via an auto-injector. If the patient’s auto-injector is not available or expired, administer the Epinephrine, 0.15 mg via autoinjector or IM.
  - b. If the patient has not been prescribed a pediatric (0.15 mg) Epinephrine auto-injector, begin transport and contact On-Line Medical Control for authorization to administer pediatric (0.15 mg) Epinephrine auto-injector or Epinephrine, 0.15 mg IM.

**NOTE:** In the event you are unable to make contact with On-Line Medical Control (radio failure, no communications), you may administer the Epinephrine auto-injector (0.15 mg) or Epinephrine, 0.15 mg IM, if indicated. The incident must be reported to on-line medical control and your agency’s medical director as soon as possible.

6. Contact On-Line Medical Control for authorization to administer a second dose of a pediatric (0.15 mg) Epinephrine auto-injector or Epinephrine, 0.15 mg IM, if needed.
7. Refer immediately to the REMAC Prehospital Treatment Protocol for Respiratory Distress/Failure (#450), Obstructed Airway (#451), or Shock (#458) as appropriate.
8. If cardiac arrest occurs, refer immediately to the REMAC Prehospital Treatment Protocol for Non-Traumatic Cardiac Arrest (#453)

**MANDATORY QUALITY ASSURANCE COMPONENT**

For every administration of Epinephrine via auto-injector or Epinephrine, 0.15 mg IM, the ACR/PCR documentation must be reviewed by the service medical director who is responsible for forwarding ACR/PCR data electronically to the NY REMAC for system-wide QA purposes. Patient specific identifiers can be omitted. This QA component is effective immediately. For the purposes of patient confidentiality, email [mdiglio@nycremsco.org](mailto:mdiglio@nycremsco.org) for directions on how to submit data electronically.