**INTERVENE**
- **Use patient’s epipen if available**
  - **1:1,000 solution (1 mg/ml)**
  - **Dose is 0.01 mg/kg (max 0.5 mg if more than 50 kg)**
  - **Albuterol for wheezing and racemic epi for stridor**
- **Second line therapies**
  - **Methylprednisolone 2 mg/kg (max 125 mg)**
  - **Diphenhydramine 1 mg/kg (max 50 mg)**
  - **Famotidine 0.5 mg/kg (20 mg)**

**INQUIRE**
- **IDENTIFY**
  - **Allergic Reaction**
  - **Anaphylaxis & Anaphylactic Shock**
- **ALLERGIC EMERGENCIES**

**EMERGENCIES**
- **Allergic Reaction**
  - **Famotidine**
  - **Diphenhydramine**
  - **+/- Steroids**
  - **Prednisolone**
  - **Decadron**
  - **Remove offending agent or exposure to agent**
  - **ABCs, oxygen, fluid resuscitation**
  - **Less than 15 kg - 0.3 mg IM epi every 5 to 15 minutes**
  - **Use patient’s epi pen if available**
  - **1:1000 solution (1 mg/ml)**
  - **Dose is 0.01 mg/kg (max 0.5 mg if more than 50 kg)**
- **Albuterol for wheezing and racemic epi for stridor**
- **Second line therapies**
  - **Methylprednisolone 2 mg/kg (max 125 mg)**
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  - **Famotidine 0.5 mg/kg (20 mg)**

**DISPOSITION**
- **Allergic reaction requiring symptomatic care**
  - **Discharge home**
- **Anaphylaxis with stable vitals**
  - **Observe 4 to 6 hours, discharge home or admit for observation**
- **Anaphylactic shock**
  - **Admit to ICU**

**PEM NUGGETS**
- **Anaphylaxis is one of the most common life-threatening emergencies in children.**
- **Delayed epi administration leads to increased mortality and morbidity.**
- **Children do not demonstrate hypotension or circulatory collapse (compensate with increased HRs).**
  - **Hypotension is not required to diagnose anaphylaxis in children.**
  - **Skin manifestations (urticaria) are more common in children than in adults.**

By Yagnaram Ravichandran, MD and Katie Muth