

Anaphylaxis Algorithm – Urgent Care

Clinical concern for Anaphylaxis with any one of the following:

- No known allergen: Skin/mucosa involvement **AND** either respiratory compromise or hypotension
- Known exposure to allergen with hypotension
- Possible exposure to an allergen: with symptoms of 2 or more body systems involved

Clinical concern for Anaphylaxis

- Discontinue offending agent
- ABCs
- Place in supine position (or position of comfort)

Epinephrine IM in anterolateral thigh

- Obtain EPINEPHrine (1mg/mL) KIT and draw weight based dosage:
 - < 10 kg: 0.1 mg (0.1 mL)
 - 10-24.9 kg: 0.15 mg (0.15 mL)
 - ≥ 25 kg: 0.3 mg (0.3 mL)
- Repeat every 5-15 minutes as needed

- Diphenhydramine PO if not already given
- Consider supplemental oxygen
- Support airway as needed
- Attempt IV access if hypotensive

Transfer

OPA, OPM, GT: Call 911 for transfer to ED
Liberty UC and Burnet UC: Call for rapid transfer

CONSIDER

- Dexamethasone if cardiac or respiratory symptoms (see ED Algorithm in EBrain for more details)
- NS bolus over 5-10 minutes (push-pull) (if time before transport arrives and hypotensive)
- Repeat Epinephrine IM (as needed every 5-15 minutes)
- Albuterol if wheezing present
- Racemic Epi if stridor present

Body System	Signs and Symptoms
Skin/mucosa	Itching, flushing, urticaria, angioedema, morbilliform rash, swelling of lips/tongue/uvula, piloerection
Respiratory	Nasal congestion or itching, rhinorrhea, sneezing, throat itching or tightness, dysphonia, hoarseness, stridor, repetitive throat clearing, cough, tachypnea, wheezing, dyspnea, shortness of breath, hypoxia, cyanosis, respiratory arrest
Gastrointestinal	Abdominal pain, nausea, vomiting, diarrhea, dysphagia, metallic taste
Cardiovascular	Chest pain, tachycardia, bradycardia, arrhythmias, palpitations, hypotension (which may manifest as urinary or fecal incontinence), other signs of end-organ dysfunction, cardiac arrest
Central Nervous System	Uneasiness or sense of impending doom, sudden behavioral change (in nonverbal patients), altered mental status, headache, tunnel vision, dizziness, confusion, syncope, hypotonia

Medications in the Urgent Care

- **IM Epinephrine (1mg/mL):** Administer into anterolateral thigh when patient is safely and properly restrained.
 - < 10 kg: 0.1 mg IM (0.1 mL)
 - 10-24.9 kg: 0.15 mg IM (0.15 mL)
 - ≥ 25 kg: 0.3 mg IM (0.3 mL)
- **Diphenhydramine:** 1 mg/kg (max 50 mg) PO
- **Dexamethasone:** 0.6 mg/kg (max 10 mg) PO/IM
- **Albuterol MDI & Spacer:**
 - < 15 kg: 4 puffs
 - ≥ 15 kg: 8 puffs
- **Racemic Epinephrine:** 2.25% (0.5 mL drug mixed in 3 mL NS) nebulization every 20 mins for upper airway obstruction

Medications for Discharge

All patients should receive prescription for:

- **Epinephrine auto-injector** with teaching
- **Cetirizine:** 6 months to 5 years: 2.5mg once daily for minimum of 5 days
≥ 6 years: 5 to 10 mg once daily for minimum of 5 days

Patients receiving meds in Urgent Care should receive same for home use:

- **Dexamethasone:** give 2nd dose in-hand at discharge
 - < 15kg: Dexamethasone 6mg PO (36 hrs after initial dose)
 - ≥ 15kg: Dexamethasone 10mg PO (36 hrs after initial dose)
- **Albuterol:** give MDI in-hand at discharge, or if received neb, Rx
 - < 15kg: Albuterol MDI & Spacer 4 puffs (Q4hr x 24 hrs then Q6 hrs prn)
 - ≥ 15kg: Albuterol MDI & Spacer 6 puffs (Q4hr x 24 hrs then Q6 hrs prn)