***MFR & Basic EMT-Epinephrine Study***

***Pediatric Anaphylaxis/Allergic Reaction***

**Pre-Medical Control**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Follow **Pediatric Assessment and Treatment Protocol**.
2. Determine substance or source of exposure, remove patient from source if known and able.
3. Assist the patient in administration of their own epinephrine auto-injector, if available.

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. In cases of severe allergic reaction, wheezing or hypotension:

a. If child weighs less than 10 kg (approx. 20 lbs.), contact medical control prior to Epinephrine if possible.

b. If child weighs between 10-30 kg (approx. 60 lbs.), administer Epinephrine 1:1000 - 1 mg/mL, 0.15 mg (0.15 ml) IM OR via pediatric epinephrine auto-injector.

c. If child weighs greater than 30 kg, administer Epinephrine 1:1000 - 1 mg/mL 0.3 mg (0.3 ml) IM OR via adult epinephrine auto-injector.

**EMT/SPECIALIST/PARAMEDIC**

1. Albuterol may be indicated. Refer to **Nebulized Bronchodilators Procedure**.

**PARAMEDIC**

1. In cases of profound anaphylactic shock (near cardiac arrest), administer Epinephrine 1:10,000 - 0.1 mg/mL, 0.01 mg/kg (0.1 ml/kg) slow IV/IO to a maximum of 0.3 mg (3 ml).
2. If patient is symptomatic, administer diphenhydramine 1 mg/kg IM/IV/IO (maximum dose 50 mg).
3. Per MCA selection, administer Bronchodilator per **Nebulized Bronchodilators Procedure**.
4. Per MCA Selection administer Prednisone OR Methylprednisolone.

 

**Post-Medical Control:**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Additional Epinephrine IM:

a. If child weighs between 10-30 kg (approx. 60 lbs.), administer Epinephrine 1:1000 - 1 mg/mL, 0.15 mg (0.15 ml) IM OR via pediatric epinephrine auto-injector.

b. If child weighs greater than 30 kg, administer Epinephrine 1:1000 - 1 mg/mL 0.3 mg (0.3 ml) IM OR via adult epinephrine auto-injector.

**PARAMEDIC**

1. Consider additional Epinephrine IV/IO:

a. In cases of profound anaphylactic shock (near cardiac arrest), administer Epinephrine 1:10,000 - 0.1 mg/mL, 0.01 mg/kg (0.1 ml/kg) slow IV/IO to a maximum of 0.3 mg (3 ml).