



**PHYSICIAN ORDERS
FOR
ANAPHYLAXIS in the
EMERGENCY DEPARTMENT**

Page 1 of 2

Patient Identification

Weight: _____ kg Allergies: _____

Refer to [TREKK's Pediatric Anaphylaxis Algorithm](#)

To activate an order, initial on blank line preceding order

- Place in supine position (unless significant shortness of breath or vomiting).
- Administer oxygen 10-15 L/min by non-rebreather mask (if signs of shock or respiratory distress).
- See Page 2 if patient has Refractory Anaphylaxis (persistent shock after 3 doses of IM epinephrine and fluid resuscitation)

VITAL SIGNS & MONITORING:

- Vital signs including BP q15 minutes until stabilized
- Cardiorespiratory monitoring

FIRST LINE MEDICATION: epinephrine IM anterolateral thigh (see dosing below)

Caution:

- Never administer IM preparation of epinephrine (1 mg/mL) through IV/IO route
- Never give IV epinephrine bolus dose for anaphylaxis management

_____ **EPINEPHrine** (1 mg/mL) _____ mg **INTRAMUSCULAR** in anterolateral thigh muscle x 1 dose and **REPEAT q5min PRN OR**
 _____ **EPINEPHrine Autoinjector** _____ mg **INTRAMUSCULAR** in anterolateral thigh x 1 dose and **REPEAT q5 min PRN**

Weight (kg)	Epinephrine IM Dose (1 mg/mL amp)	Epinephrine IM Dose (Autoinjector)
5-10	0.1 mg	0.15 mg (EpiPen Jr®, Allerject®, Emerade®)
11-15	0.15 mg	
16-20	0.2 mg	
21-25	0.25 mg	0.3 mg (EpiPen®, Allerject®, Emerade®)
26-30	0.3 mg	
31-35	0.35 mg	
36-40	0.4 mg	
41-45	0.45 mg	
≥46	0.5 mg	0.5 mg (Emerade®) preferred 0.3 mg (as above) if not available

ADJUNCT MEDICATIONS:

For symptomatic relief of pruritis

_____ **Cetirizine** _____ mg PO x 1 dose **OR**
 _____ **Rupatadine** _____ mg PO x 1 dose

Drug	Age	Weight	Dose
Cetirizine PO	6 months – less than 2 years	All weights	2.5 mg
	2 years – 5 years	All weights	5 mg
	Greater than 5 years	All weights	10 mg
Rupatadine PO	2 years – 11 years	10 – 25 kg	2.5 mg
	2 years – 11 years	Greater than 25 kg	5 mg
	12 years and older	All weights	10 mg

*** Continued on Page 2. Ensure nurse is aware of Page 2 at the time of completion. ***

PHYSICIAN SIGNATURE

PRINT NAME OF PHYSICIAN

DATE & TIME

NURSE SIGNATURE

PRINT NAME OF NURSE

DATE & TIME

Original Copy – Chart Copy to Pharmacy



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Page 2 of 2

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... Continued from Page 1

For Lower Airway Obstruction

_____ **Salbutamol Nebule** by inhalation x 1 dose and q_____h PRN (*May need to top up to 3 mL with NS*)

_____ Less than 20 kg: 2.5 mg

_____ Greater than or equal to 20 kg: 5 mg

For Upper Airway Obstruction

_____ **EPINEPHrine** by **INHALATION** (1 mg/mL injectable formulation) x 1 dose and q10 min PRN:

_____ Less than 10 kg: 3 mg (3 mL)

_____ Greater than or equal to 10 kg: 5 mg (5 mL)

Consider steroids for patients with persistent shock, asthma, or upper airway obstruction

_____ **Hydrocortisone** _____ mg (5 mg/kg/dose, MAX 400 mg) IV x 1 dose **OR**

_____ **Dexamethasone** _____ mg (0.6 mg/kg/dose, MAX 12 mg) PO/IV/IM x 1 dose

FLUID RESUSCITATION:

_____ NS or RL (circle one) bolus _____ mL (20 mL/kg) IV/IO rapid push

_____ NS or RL (circle one) at _____ mL/hr IV

REFRACTORY ANAPHYLAXIS:

INITIATE THIS SECTION FOR REFRACTORY ANAPHYLAXIS IF THERE IS NO IMPROVEMENT IN ANAPHYLACTIC SHOCK AFTER 3 DOSES OF IM EPINEPHRINE AND FLUID RESUSCITATION

- Place in supine position (unless significant shortness of breath or vomiting)
- Administer oxygen 10-15 L/min by non-rebreather mask

VITAL SIGNS & MONITORING:

- Vital signs including BP q5 minutes
- Continuous cardiorespiratory monitoring

FLUID RESUSCITATION:

_____ NS or RL (circle one) bolus _____ mL (20 mL/kg) IV/IO rapid push

_____ NS or RL (circle one) at _____ mL/hr IV

MEDICATIONS:

Continue to administer IM epinephrine (dose as above) q10min while preparing epinephrine (or norepinephrine) infusion

_____ **EPINEPHrine** _____ mcg/kg/min IV/IO infusion (Initial: 0.05-0.1 mcg/kg/min; titrate to effect in 0.02 mcg/kg/min increments; MAX 1 mcg/kg/min)

_____ **NOREpinephrine** _____ mcg/kg/min IV/IO infusion (Initial: 0.05-0.1 mcg/kg/min; titrate to effect in 0.02 mcg/kg/min increments; MAX 2 mcg/kg/min)

For persistent anaphylaxis symptoms OR patients on beta blockers:

_____ **Glucagon bolus** _____ mcg (20-30 mcg/kg/dose, MAX 1000 mcg) IV over 5 minutes x 1 dose followed by infusion of _____ mcg/min (5-15 mcg/min) IV titrated to clinical effect.

Caution: may induce vomiting (risk of aspiration if altered LOC). Place patient in lateral recumbent position.

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DATE & TIME

NURSE SIGNATURE

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Original Copy – Chart

Copy to Pharmacy

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