



POLICY: 555.42  
 TITLE: Pediatric Allergic Reaction

EFFECTIVE: 6/10/20  
 REVIEW: 6/2025  
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

**PEDIATRIC ALLERGIC REACTION**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL:

<b>STANDING ORDERS</b>	
<b>ASSESS</b>	CAB
<b>REMOVE ALLERGEN</b>	If possible (e.g. bee stinger) and apply ice to site.
<b>OXYGEN</b>	Oxygen delivered as appropriate.
<b>MONITOR</b>	Treat rhythm as appropriate.
<b>MILD REACTION</b> (hives, rash, swelling)	
<b>IV ACCESS</b>	TKO with microdrip tubing and volume control chamber.
<b>DIPHENHYDRAMINE</b>	1 mg/kg IV/IO/IM (maximum dose 25 mg) for severe itching.
<b>SEVERE REACTION/ANAPHYLAXIS</b> (wheezing, stridor, hypotension, severe respiratory depression, oral swelling, altered mental status)	
<b>EPINEPHRINE</b>	0.01 mg/kg of 1:1,000 IM (maximum dose 0.3 mg). (EMTs may use EITHER Epinephrine by auto-injector OR an Agency approved Epinephrine injection kit. 0.15 mg 1:1000. NO repeat doses permitted.)
<b>IV/IO ACCESS</b>	TKO with microdrip tubing and volume control chamber.
<b>DIPHENHYDRAMINE</b>	1 mg/kg IV/IO/IM (maximum dose 50 mg) for severe itching.
<b>ALBUTEROL</b>	If wheezing or stridor: 3.0 ml in 15 ml saline (or 6 unit dose vials) via nebulizer over 1 hour, or until symptoms improve. Repeat as needed.
<b>BASE PHYSICIAN ORDERS</b>	
<b>PUSH DOSE EPINEPHRINE</b>	0.5 – 2.0 mL of 10 mcg/mL concentration EPINEPHRINE if low systolic BP. May repeat every 1-2 minutes to length based tape systolic BP target.