ANAPHYLAXIS MANAGEMENT

OUTPATIENT SETTING

First-line treatment
- EPINEPHRINE, IM; auto-injector or 1:1000 solution
  - Weight 10–25kg: 0.15mg epinephrine autoinjector, IM (anterior-lateral thigh)
  - Weight>25kg: 0.3mg epinephrine autoinjector, IM (anterior-lateral thigh)
  - Epinephrine (1:1000 solution) IM, 0.01mg/kg per dose; max 0.5mg per dose (anterior-lateral thigh)
  - May need to repeat epinephrine dose every 5–15min

Adjunctive treatment
- Bronchodilator (β₂-agonist): ALBUTEROL
  - MDI (Children: 4–8 puffs; Adults: 8 puffs) or
  - Nebulized solution (Children: 1.5mL; Adults: 3mL) every 20min or continuously as needed
- H₁ antihistamine: DIPHENHYDRAMINE
  - 1–2mg/kg per dose; max 50mg IV or PO (oral liquid is more readily absorbed than tablets)
  - Alternative dosing may be used with a less-sedating second generation antihistamine
- Supplemental oxygen therapy
- IV fluids in large volumes if patient presents with orthostasis, hypotension, or incomplete response to IM epinephrine
- Place the patient in recumbent position if tolerated, with the lower extremities elevated

HOSPITAL-BASED SETTING

First-line treatment
- EPINEPHRINE, IM (as above, outpatient setting), consider continuous epinephrine infusion for persistent hypotension (ideally with continuous non-invasive monitoring of blood pressure and heart rate); alternatives are endotracheal or intra-osseous epinephrine

Adjunctive treatment
- Bronchodilator (β₂-agonist): ALBUTEROL
  - MDI (Children: 4–8 puffs; Adults: 8 puffs) or
  - Nebulized solution (Children: 1.5mL; Adults: 3mL) every 20min or continuously as needed
- H₁ antihistamine: DIPHENHYDRAMINE
  - 1–2mg/kg per dose; max 50mg IV or PO (oral liquid is more readily absorbed than tablets)
  - Alternative dosing may be used with a less-sedating second generation antihistamine
- H₂ antihistamine: RANITIDINE
  - 1–2mg/kg per dose; max 75–150mg PO and IV
- Corticosteroids
  - PREDNISONE: 1mg/kg; max 60–80mg PO or
  - METHYL.PREDNISOLONE: 1mg/kg; max 60–80mg IV
  - Vasopressors (other than epinephrine) for refractory hypotension, titrate to effect
  - GLUCAGON for refractory hypotension, titrate to effect
    - Children: 20–30mcg/kg
    - Adults: 1–5mg
    - May repeat dose or followed by infusion of 5–15mcg/min
  - ATROPINE for bradycardia, titrate to effect
  - Supplemental oxygen therapy
  - IV fluids in large volumes if patient presents with orthostasis, hypotension, or incomplete response to IM epinephrine
  - Place the patient in recumbent position if tolerated, with the lower extremities elevated

THERAPY AT DISCHARGE

First-line treatment
- EPINEPHRINE, auto-injector prescription (2 doses) and instructions
- Education on avoidance of allergen
- Follow-up with primary care physician
- Consider referral to an allergist

Adjunctive treatment
- H₁ antihistamine: DIPHENHYDRAMINE every 6hrs for 2–3 days; alternative dosing with a non-sedating second generation antihistamine
- H₂ antihistamine: RANITIDINE twice daily for 2–3 days
- Corticosteroid: PREDNISONE daily for 2–3 days

NOTES
- These treatments often occur concomitantly, and are not meant to be sequential, with the exception of epinephrine as first-line treatment.

REFERENCES