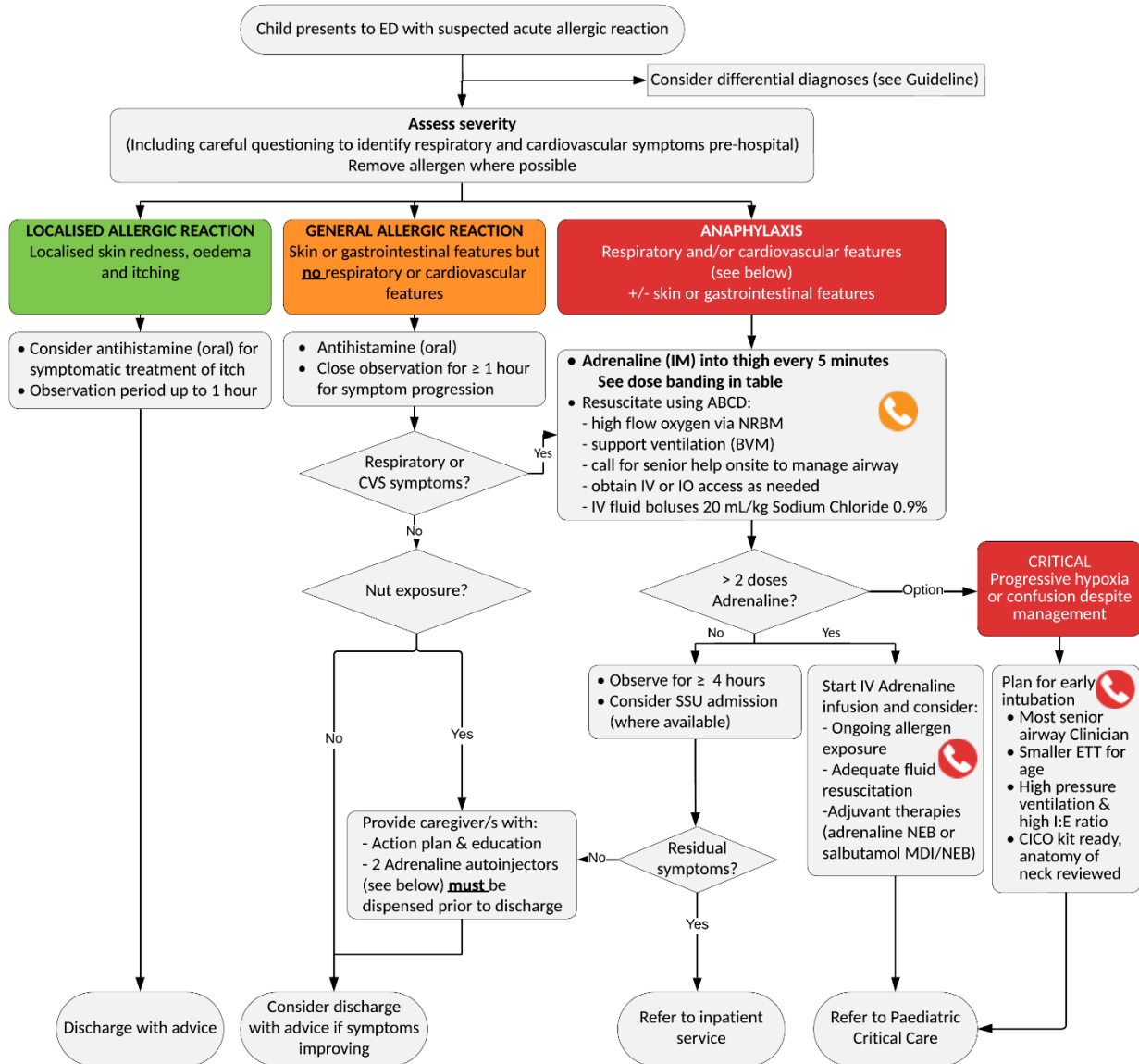


Allergy and anaphylaxis – Emergency management in children – Flowchart



Respiratory features	Cardiovascular features
<ul style="list-style-type: none"> - difficulty/noisy breathing - swelling of the tongue - swelling/tightness in throat - difficulty talking +/- hoarse voice - wheeze or persistent cough 	<ul style="list-style-type: none"> - loss of consciousness - collapse - pallor and floppiness in young child - hypotension
<p>Note:</p> <ul style="list-style-type: none"> • A single respiratory or cardiovascular feature constitutes an anaphylaxis diagnosis. • Manage insect bites or stings with severe abdominal pain and vomiting as for anaphylaxis. • See over page for description of gastrointestinal and cutaneous features. 	

Adrenaline given on discharge	
Weight of child	Adrenaline
< 7.5 kg	Strict allergen avoidance/Epipen Jr
7.5-20 kg	Epipen/Anapen Jr 150 autoinjector
> 20 kg	Epipen/Anapen 300 autoinjector

Seek senior emergency/paediatric advice as per local practice

Seek urgent paediatric critical care advice (onsite or via Retrieval Services Queensland (RSQ) on 1300 799 127)

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Allergy and anaphylaxis – Emergency management in children – Medications

Adrenaline dosing for the treatment of anaphylaxis in children	
Adrenaline (IM)	See dose banding table below See skill sheet for drawing up Adrenaline in anaphylaxis
Adrenaline (NEB)	5 mL of undiluted 1:1000 Adrenaline nebulised with oxygen
Adrenaline (IV infusion)	1 mL of 1:1000 Adrenaline solution (contains 1 mg) in 50 mL of Sodium Chloride 0.9%. Start infusion at 0.1 microgram/kg/min. <u>With Smart Pump Drug Errors Reducing System</u> 1 mL of 1:1000 Adrenaline solution in (contains 1 mg) in 50 mL of Sodium Chloride 0.9%. Start infusion at 0.3 mL/kg/hour (0.1 microgram/kg/min). <u>Without Smart Pump Drug Errors Reducing System</u>

ALERT – Adrenaline IV should be reserved for the following children:



- immediate life-threatening profound shock
- circulatory compromise despite adequate IM Adrenaline dosing and fluid resuscitation
- refractory stridor or bronchospasm
- rebound of anaphylaxis despite recurrent > 2 doses Adrenaline IM
- Ensure senior assistance has been sought

IM Adrenaline dose banding (these doses are as per CREDD 2024)

Age (years)	Dose and Volume of adrenaline 1:1,000 to administer
Under 1	100 microgram (0.1 mL of 1:1,000)
1-2 years	100 microgram (0.1 mL of 1:1,000)
2 –3 years	150 microgram (0.15 mL of 1:1,000)
4-6 years	200 microgram (0.2 mL of 1:1,000)
7-10 years	300 microgram (0.3 mL of 1:1,000)
11-12 years	400 microgram (0.4 mL of 1:1,000)
Over 12 years	500 microgram (0.5 mL of 1:1,000)

Antihistamine dosing for the treatment of allergic reaction in children

Antihistamine	Age	Dose
Cetirizine (Oral) (Zyrtec)	1-2 years	2.5 mg twice daily
	2-6 years	5 mg once daily or 2.5 mg twice daily
	6-12 years	10 mg once daily or 5 mg twice daily
	12-18 years	10 mg once daily

* Loratadine, Fexofenadine and Desloratadine are not available within QH Hospitals but are available in the community. Fexofenadine and Desloratadine can be prescribed to infants 6 months and over.

CHQ-GDL-60011-1 Allergy and anaphylaxis – Emergency management in children - Flowchart

