

## 1) Routine Medical Assessment

**NOTE:** If the patient presents with rapid onset of symptoms, has a systolic blood pressure less than 90, or has airway compromise such as stridor or inability to speak due to edema, the patient is in **Anaphylactic Shock**.

## 2) Remove offending agent

## 3) Administer oxygen by non-rebreather mask.

## 4) Apply the cardiac monitor.

## 5) Establish a large bore IV/IO of normal saline.

- Fluid bolus for adults 500ml or 20 ml/kg for pediatrics

## 6) Administer 0.01 mg/kg epinephrine 1:10,000 to a maximum dose of 0.3 mg slow IV.

## 7) If unable to establish the IV, administer 0.01 mg/kg 1:1000 IM to a maximum of 0.3 mg.

## 8) Administer unit dose/ 2.5 mg albuterol for patients with bronchospasm.

## 9) Administer 25 mg diphenhydramine IV or 50 IM. *Use cautiously in patients with asthma.*

- Pediatric dose 1 mg/kg IV/IO or 2 mg/kg IM not exceed adult dose