

### Anaphylaxis Criteria

- Sudden onset of illness with involvement of skin, mucosa, or both (i.e. hives, itching, flushing, swollen lips/tongue/uvula)
  - Plus at least one of the following:
    - Sudden respiratory symptoms
    - Sudden reduced blood pressure or end-organ dysfunction (hypotonia, syncope, incontinence, mottling)
- Two or more of the following after exposure
  - Sudden skin or mucosal changes
  - Sudden respiratory symptoms (dsypnea, cough, stridor, hypoxemia)
  - Sudden reduced blood pressure
  - Sudden GI symptoms
- Reduced blood pressure or symptoms after known exposure
  - Age specific low systolic blood pressure or > 30% decrease in systolic blood pressure from baseline

Interventions that do **NOT** treat **anaphylaxis** or prevent biphasic reaction, but may help control **secondary symptoms**:

- Antihistamines for urticaria
  - cetirizine (preferred) **OR**
  - diphenhydramine
- Albuterol for wheezing
- Glucocorticoids for wheezing with known asthma (Asthma Clinical Pathway)

### High Risk for Severe Anaphylaxis or Biphasic Reaction

- > 1 Epi dose
- Hypotension during event
- History of biphasic reaction
- History of severe asthma
- Delayed onset of symptoms from exposure (>1 hour or unknown)
- Delay in receiving Epi > 1 hour from onset

### Discharge Criteria

- Tolerating PO
- Vital signs stable
- No symptom progression (hives may persist)
- Family has access to care
- For pts with asthma ensure they have asthma medication

### ICU Criteria

- Signs and symptoms of anaphylaxis or shock persist after 2 doses of Epi

### Outside Transfers

- Consider ED vs PICU (Direct admission to the floor is NOT recommended.)
- Transfer by local EMS or CMH transport (NOT private vehicle)

### Anaphylaxis Education

- Epi auto-injector training
- Anaphylaxis Action Plan

