



ANAPHYLAXIS STANDARD ORDERS

Addressograph Label
Client Label
DOB mm/dd/yyyy
PHIN/MHSC#
HRN

These orders are to be used as a guideline to support clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

Page 1 ■ may be nurse implemented with [CLI.5110.PL.002.FORM.01](#) Emergency Department Adult Clinical Decision Tool and [CLI.5110.PL.002.FORM.02](#) Emergency Department Pediatric Clinical Decision Tool.

- Automatically activated (If not in agreement with an order cross out and initial).
- Requires a check (v) for activation and a prescriber signature.

Allergies: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (describe) _____										
Height (cm): _____ Weight (kg): _____										
ADULT MEDICATION ORDERS	PEDIATRIC MEDICATION ORDERS	ADULT and PEDIATRIC GENERAL ORDERS								
Time 0 – 5 minutes										
■ EPINEPHrine 1 mg/mL 0.5 mg (0.5 mL) antero-lateral thigh IM every 5 to 15 minutes PRN	Weight based-dosing: ■ EPINEPHrine 1 mg/mL _____ mg IM every 5 to 15 minutes PRN <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="padding: 2px;">Weight (kg)</th> <th style="padding: 2px;">EPINEPHrine 1 mg/mL</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Less than 20</td> <td style="padding: 2px;">0.15 mg (0.15 mL)</td> </tr> <tr> <td style="padding: 2px;">20 to 30</td> <td style="padding: 2px;">0.3 mg (0.3 mL)</td> </tr> <tr> <td style="padding: 2px;">Greater than 30</td> <td style="padding: 2px;">0.5 mg (0.5 mL)</td> </tr> </tbody> </table>	Weight (kg)	EPINEPHrine 1 mg/mL	Less than 20	0.15 mg (0.15 mL)	20 to 30	0.3 mg (0.3 mL)	Greater than 30	0.5 mg (0.5 mL)	<ul style="list-style-type: none"> ■ Remove offending agent ■ Monitor and manage Airway, Breathing, Circulation ■ Oxygen Therapy: Keep saturation levels at 94% or greater ■ Continuous pulse oximetry ■ Continuous cardiac monitoring ■ Vital signs q 5 min X 4; if stable, then q 15 min X 1 hour If <u>hypotensive</u> , position patient: <ul style="list-style-type: none"> ■ Supine with legs elevated ■ Left lateral if pregnant ■ If respiratory distress/vomiting, semi-recumbent Diet: ■ NPO Monitoring: ■ Monitor closely for 1 to 8 hours after resolution of symptoms Consult: 1. Children's Emergency Department For transport of children between 0 to 17 years of age, call VECTRS at 204-949-4000.
Weight (kg)	EPINEPHrine 1 mg/mL									
Less than 20	0.15 mg (0.15 mL)									
20 to 30	0.3 mg (0.3 mL)									
Greater than 30	0.5 mg (0.5 mL)									
Give first 2 to 3 doses of EPINEPHrine by IM route (not as an IV/IO bolus) For IV/IO EPINEPHrine – follow the IV monograph (see pg. 2) If patient is on <input checked="" type="checkbox"/>-blocker not responding to EPINEPHrine, consider glucagon (see pg. 2)										
For normotensive patient: <input type="checkbox"/> Normal Saline (NS) _____ mL/hr <input type="checkbox"/> Ringers Lactate (RL) _____ mL/hr For Hypotension or poor perfusion/ decreased Level of Consciousness (LOC): <input type="checkbox"/> NS 1 Liter bolus <input type="checkbox"/> RL 1 Liter bolus ***Prescriber assessment required for further fluid administration Then <input type="checkbox"/> NS or <input type="checkbox"/> RL _____ mL/hr	For normotensive patient: <input type="checkbox"/> NS _____ mL/hr <input type="checkbox"/> RL _____ mL/hr For Hypotension or poor perfusion/decreased Level of Consciousness (LOC): <input type="checkbox"/> NS 20 mL/kg bolus = _____ mL <input type="checkbox"/> RL 20 mL/kg bolus = _____ mL ***Prescriber assessment required for further fluid administration Then <input type="checkbox"/> NS or <input type="checkbox"/> RL _____ mL/hr									
For ADULTS and PEDIATRICS: After 2 IM doses of epinephrine, STOP, REASSESS, review, and reconsider your diagnosis before continuing with anaphylaxis standard orders.										
Time: 5 to 10 minutes										
If Bronchospasm <input type="checkbox"/> Salbutamol 5 mg nebulas continuously <input type="checkbox"/> Salbutamol MDI 6 puffs every 15 min PRN via spacer. If Stridor: EPINEPHrine by inhalation ■ EPINEPHrine Give 5 mg of the 1 mg/ml solution by inhalation	If Bronchospasm <input type="checkbox"/> Salbutamol 5 mg nebulas continuously <input type="checkbox"/> Salbutamol MDI 6 puffs every 15 min PRN via spacer. If Stridor: EPINEPHrine by inhalation <input type="checkbox"/> Weight less than 10 kg: EPINEPHrine 1 mg/mL Give 3 mg by inhalation <input type="checkbox"/> Weight greater than or equal to 10 kg: EPINEPHrine Give 5 mg of the 1 mg/ml solution by inhalation									
NURSE/PRESCRIBER SIGNATURE: _____		PRINTED NAME: _____								
Date _____ Time _____										
Order Transcribed	FAX TO PHARMACY									
Date: _____ Time: _____ Initial _____	Date: _____ Time: _____ Initial _____									



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Page 2 requires prescriber signature for activation

ADULT MEDICATION ORDERS	PEDIATRIC MEDICATION ORDERS	ADULT and PEDIATRIC GENERAL ORDERS	
Time 10-20 minutes			
For patients on beta-blockers and not responding to EPINEPHrine			
<input type="checkbox"/> Glucagon _____ mg (1 to 5 mg) IV over 5 minutes <i>May be followed by:</i> <input type="checkbox"/> Glucagon _____ mg/hour IV infusion (0.3-0.9 mg/hour) Titrate to effect	<input type="checkbox"/> Glucagon _____ mg/kg (0.02 to 0.03 mg/kg); maximum 1 mg IV over 5 minutes <i>May be followed by:</i> <input type="checkbox"/> Glucagon _____ mg/hour IV infusion (0.3-0.9 mg/hour) Titrate to effect (not weight based)	Disposition Decisions: <input type="checkbox"/> Mild reaction with prompt response to EPINEPHrine, consider discharge if stable within 1 hour and has EPINEPHrine auto injector and a responsible adult for a minimum of 24 hours (preferably 72 hours) <input type="checkbox"/> Mild to moderate reaction who requires more than one dose of EPINEPHrine monitor for 4 to 8 hours <input type="checkbox"/> Severe reactions: admit to unit or ICU or transfer Prior/On Discharge: <input checked="" type="checkbox"/> Provide a prescription for 2 EPINEPHrine auto injector and instructions regarding use. <input checked="" type="checkbox"/> Inform patient about rebound reactions, usually within 72 hours but can occur later. <input checked="" type="checkbox"/> If a rebound reaction occurs, instruct patient to use their EPINEPHrine auto injector and return to the ED. <input checked="" type="checkbox"/> Provide Patient Action Plan Anaphylaxis <input checked="" type="checkbox"/> Discuss allergen avoidance measures <input checked="" type="checkbox"/> Refer to an allergist if allergen unknown or moderate to severe reaction <input checked="" type="checkbox"/> Advise to join Medic Alert	
Anaphylaxis (hypotension and decreased level of consciousness/LOC) not responding after 2nd or 3rd IM EPINEPHrine: Strongly consider			
<input type="checkbox"/> EPINEPHrine: initiate IV/IO infusion at 0.1 mcg/kg/minute and increase every 2 to 3 minutes by 0.05mcg/kg/min until MAP greater than 70 mmHg <input checked="" type="checkbox"/> When BP increases by 10 to 15%, hold infusion rate at that level for 3 to 5 minutes to see if improvement continues. Adjust infusion accordingly.	<input type="checkbox"/> EPINEPHrine: 0.1 mcg/kg/minute IV/IO. Titrate every 2 to 5 minutes to desired effect (based on minimum systolic blood pressure). Until Systolic greater than: Systolic BP (sBP) = 70 + (2 x age in years)		
Refractory Hypotension			
<input checked="" type="checkbox"/> Stop EPINEPHrine and start: <input type="checkbox"/> Norepinephrine 0.05 – 2 mcg/kg/min IV/IO; Titrate every 5 to 10 minutes to a MAP of 70 mmHg or greater	<input checked="" type="checkbox"/> Stop EPINEPHrine and start: <input type="checkbox"/> Norepinephrine 0.05 – 2 mcg/kg/min IV/IO; Titrate every 5-10 minutes until systolic greater than sBP = 70 + (2 x age in years)		
For severe bradycardia			
<input type="checkbox"/> Atropine 1 mg IV/IO every 3-5 minutes to max. of 3 mg	<input type="checkbox"/> Atropine _____ mg (0.02 mg/kg) IV/IO every 3 to 5 min (max. single dose 0.5 mg)		
If known asthmatic with ongoing bronchospasm			
<input type="checkbox"/> Prednisone 50 mg PO x 1 dose <input type="checkbox"/> Methylprednisolone 40-80 mg IV X 1dose	<input type="checkbox"/> Prednisolone/Prednisone 1 mg/kg PO (Maximum dose 50 mg) x 1 dose <input type="checkbox"/> Methylprednisolone 1-2 mg/kg/day IV X 1 dose		
Time: After 20 minutes			
Anaphylaxis controlled and urticaria ongoing or recurs: <input type="checkbox"/> Cetirizine tablet 10 – 20 mg PO once daily	Anaphylaxis controlled and urticaria ongoing or recurs: Cetirizine suspension (1mg/mL): age dependent <input type="checkbox"/> Infants 6 to less than 12 months: 2.5 mg daily PO <input type="checkbox"/> Children 12 -23 months: initial dose of 2.5 mg daily PO; can increase to 2.5mg bid <input type="checkbox"/> Children 2-5 years: 2.5 to 5 mg daily PO or 2.5 mg BID <input type="checkbox"/> Children older than 5 years to 12 years: 5 to 10mg daily PO		
PRESCRIBER'S SIGNATURE: _____ PRINTED NAME: _____ Date _____ Time _____			
Order Transcribed Date: _____ Time: _____ Initial _____	FAX TO PHARMACY Date: _____ Time: _____ Initial _____		