

Clinical Management Summary

EDcare: Handbook for Emergency Practice

Available from the Amazon Kindle Bookstore

Disclaimer

Medical knowledge is continually changing in response to research and clinical experience. The authors and peer reviewers have made every effort to ensure the information and drug doses meet with the current standards of medical practice. However, in view of the possibility of human error or changes in practice or local protocols, readers are advised to check the most current information contained provided on procedures or drugs with the manufacturer of each product and their local clinical guidelines to verify the recommended dose or formula, the method and duration of administration and contraindications.

It is the responsibility of the individual clinician, based on their clinical experience and knowledge of each patient to make diagnoses, to determine drug doses and decide on the best treatment for an individual patient and to take all appropriate safety precautions. Neither the authors nor the publisher, assume any liability for any injury and/or damage to persons or property arising out of or related to any use of the material contained in this Clinical Management Summary.

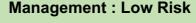
© LearnEM Partnership 2021. No part of this publication may be reproduced or stored in a retrieval system, transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by the Copyright Act 1968 without the prior permission of the copyright owner. Enquiries to: Peter Stuart, 47 Manton St, Hindmarsh, South Australia 5007. Website: www.learnem.com.au Email: admin@learnem.com.au

Clinical Management Summary Allergic Reaction / Anaphylaxis

Low Risk

Mild skin reaction only

Eye symptoms only



Loratadine or Cetirizine PO

Age	1 - 2 years	2 - 12 years	> 12 years
Dose	2.5mg	5mg	10mg

Observe for one hour

- Deteriorating → Treat as High risk
- Not Improving → Treat as Moderate risk
- Improving → Discharge. Antihistamine 3/7 PO Advice Re Allergen, GP letter

Management : Moderate Risk

IM 0.5mg Adrenaline 1:1000 (0.01mg/kg to max of 0.5mg)

- Repeat @ 5 minutes if no improvement
- Prednisolone 1mg/kg (max 50mg) PO

Observation for at least 4 hours

- Deteriorating → Treat as High risk
- Not Improving → Admit to ward
- Improving → Discharge on 5/7 Prednisolone 1mg/kg (max 50mg) PO + Epipen + Immunology referral + Medi-Alert ID

Moderate Risk

Severe rash

Facial swelling

Diarrhoea

Abdominal cramps

Management: High Risk (Anaphylaxis)

IM 0.5mg Adrenaline 1:1000 (0.01mg/kg to max of 0.5mg)

Repeat @ 5 minutes if no improvement

Nebulised Adrenaline (0.5mg/kg to max 5mg)

Airway support / Call Anaesthetic backup

IV fluids 10 - 20 ml/kg (repeat if required)

High Risk

Airway problem

Breathing problem

Circulatory Problem

No immediate improvement to IM Adrenaline

Commence Adrenaline infusion (3mg in 50ml NS). Begin at 5 ml/hour in Adults (Paed : 0.1ml/kg/hr). Titrate to response.

Glucagon 1mg IV every 5 min (Child < 25kg Give 0.5mg)

Salbutamol Nebs (5 - 10 mg)



Disposition / Further Management

Administer Prednisolone 1mg/kg (max 50mg) or IV Hydrocortisone 4mg/kg (max 200mg) 6hrly Admission to ICU for observation

At Discharge: Epipen + Immunology referral + MediAlert

Clinical Management Summary

PAEDIATRIC DOSES - INFUSION RATES IN ANAPHYLAXIS

ANAPHYLAXIS: Paediatric Drug Doses and Infusion Rates															
WEIGHT (kg)	Dose/Kg	3	6	8	10	12	14	16	18	20	22	24	28	32	36
INTRAMUSCULAR Adrenaline 1:1000	0.01ml/kg	0	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.28	0.32	0.36
Fluid Bolus	10ml/kg	30	60	80	100	120	140	160	180	200	220	240	280	320	360
	20ml/kg	60	120	160	200	240	280	320	360	400	440	480	560	640	720
ADRENALINE INFUSION Add 3 mg Adrenaline to Normal Saline to a total of 50ml and infuse using syringe driver Or Add 6 mg Adrenaline to Normal Saline to a total of 100ml and infuse using syringe pump															
WEIGHT (kg)	Dose/kg	3	6	8	10	12	14	16	18	20	22	24	28	32	36
INFUSION RATE (ml/hour)	0.1ml/kg per hour	0.3	0.6	0.8	1	1.2	1.4	1.6	1.8	2	2.2	2.4	2.8	3.2	3.6

Please Note: The table is a guide to drug dosing. It remains the clinician's responsibility to verify that the doses are appropriate to the patient before administering medications.