Anaphylaxis is an acute allergic reaction characterized by varying degrees of respiratory distress, hypotension, wheezing, hives, non-traumatic edema, and tachycardia. It may be precipitated by a bite or sting or from exposure to certain drugs or allergens. Respiratory Distress is categorized as follows:

- **Minimal Distress**: A slight increase in work of breathing with no wheezing or stridor evident.
- **Moderate Distress**: A considerable increase in work of breathing with wheezing and/or abnormal breath sounds evident.
- **Severe Distress**: Extreme work of breathing (retractions) with a decreased LOC.

A. Perform *Initial Treatment / Universal Patient Care Protocol* and follow the proper protocol for medical management based on clinical presentation.

B. If reaction is secondary to a sting, remove injection mechanism, if present.

C. If patient is in minimal distress with hives or itching but no or minimal respiratory distress (no wheezing or stridor):
   1. Reassess for improvement or worsening of reaction.
   2. Transport without delay and contact **Medical Command**.

D. If patient is in moderate distress with severe hives and/or moderate respiratory distress (wheezing), contact **Medical Command**:
   1. Patient has prescribed **Epinephrine** auto-injector (EpiPen® or EpiPen JR®):
      a. Has patient taken dose?
      b. Administer pre-loaded **Epinephrine** (EpiPen®) *per Medical Command*.
   2. No prescribed **Epinephrine** auto-injector (EpiPen® or EpiPen JR®):
      a. Pediatric < 30 kg: Administer pre-loaded **Epinephrine** (EpiPen JR®) or administer **Epinephrine** 0.3 mg IM injection *per Medical Command*.
   3. Expedite transport if not already in transport.
   4. Reassess and contact **Medical Command**.
5. If the patient is still wheezing, administer **Albuterol** 2.5 mg with oxygen 8-10 LPM **per MCP order**.

6. If patient is still in moderate distress, consider repeating **Epinephrine** one time **per MCP order**.

7. Further treatment **per order of Medical Command and MCP**.

8. Reassess and expedite transport.

E. If shock continues, treat per **Pediatric Shock Protocol 6402**.

**Note:**

1. If the patient only has hives and no respiratory distress or shock, **Epinephrine** is not indicated.