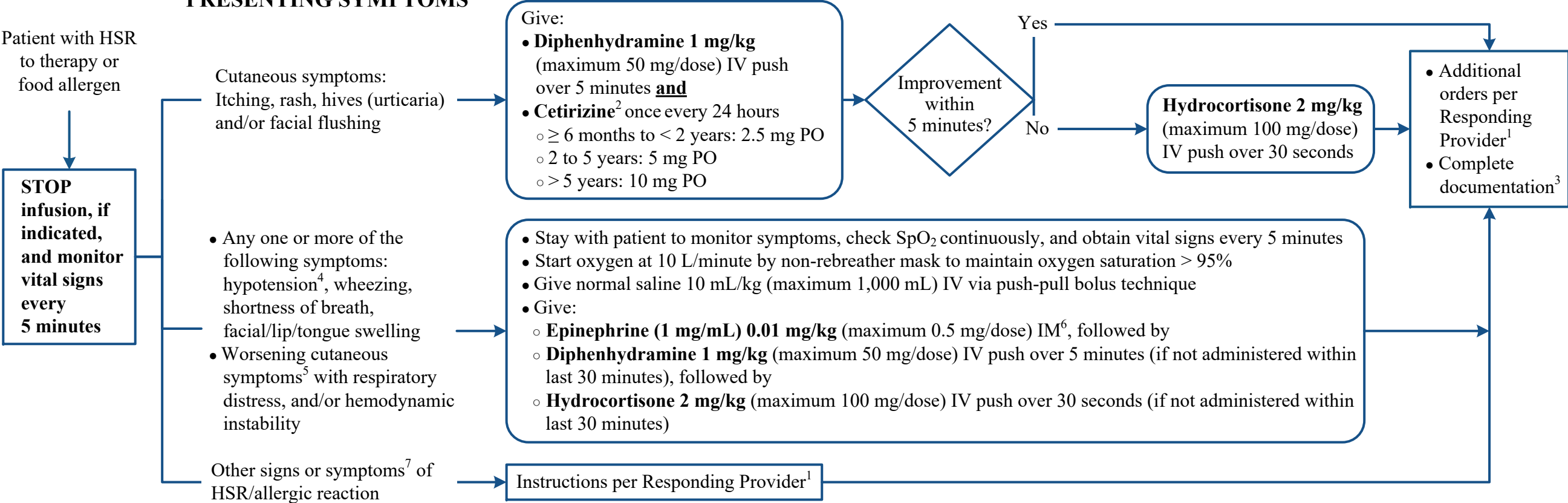


Pediatric Hypersensitivity (HSR)/Allergic Reaction Management Procedures

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Any signs or symptoms of hypersensitivity reaction (HSR)/allergic reaction, **notify Responding Provider¹ and activate the appropriate emergency response process for your area.**

PRESENTING SYMPTOMS



¹ Appropriate providers may include: Primary attending physician, ordering provider, covering attending, physician or advanced practice provider, nocturnal provider, etc.

- PICU – PICU Attending/APP
- PATC/Clinic – PATC APP/Doc of Day
- G9 – Resident/Fellow/Provider on service

² Do not give if patient has received an H1 antagonist within the past 24 hours

³ Documentation:

- Use HSR/Allergy orders to document management utilized for an individual patient
- Document event as an Observed Adverse Drug Reaction (ADR)

⁴ Hypotension defined as:

- Age 0 - 28 days: SBP < 60 mmHg
- Age 1 - 12 months: SBP < 70 mmHg
- Age 1 - 10 years: SBP < [70 + (2 x age in years)] mmHg
- Age > 10 years: SBP < 90 mmHg

⁵ If no improvement seen with initial treatment with diphenhydramine, cetirizine, and hydrocortisone

⁶ Administer epinephrine IM into the antero-lateral mid-third portion of the thigh. Administration via IM route is preferred regardless of platelet count.

⁷ Other signs and symptoms of HSR reaction may include fever (defined as temperature ≥ 38.0°C), chills, and/or rigors, abdominal pain, nausea, vomiting, and diarrhea

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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Pediatric Hypersensitivity Reaction workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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