NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

PATIENT IDENTIFICATION

PROTOCOL FOR IN-CLINIC ALLERGIC REACTIONS

This protocol has a front and back page and should be used at the first sign of an allergic reaction. Please document vital signs, concerning physical exam findings and any medications administered in the table below with corresponding time. Turn this page over to review the protocol for management of an acute reaction.

Patient presents for (circle one): **In-Office Challenge** **Immunotherapy** **Other**

Patient Weight ________________ **Appointment/ Start Time**_______________

Time	Physical Exam (Check any findings present, specify location)		Vital Signs			Drug	Dose/ Route
	□ Hives □ Wheeze □ Rhinitis/ Sneeze □ Cough	□ Angioedema □ Emesis □ Other ___________	HR	BP ____ / _____	RR/ O2 Sat	□ Epinephrine □ Cetirizine □ Diphenhydramine □ Albuterol □ ______________	
	□ Hives □ Wheeze □ Rhinitis/ Sneeze □ Cough	□ Angioedema □ Emesis □ Other ___________	HR	BP ____ / _____	RR/ O2 Sat	□ Epinephrine □ Cetirizine □ Diphenhydramine □ Albuterol □ ______________	
	□ Hives □ Wheeze □ Rhinitis/ Sneeze □ Cough	□ Angioedema □ Emesis □ Other ___________	HR	BP ____ / _____	RR/ O2 Sat	□ Epinephrine □ Cetirizine □ Diphenhydramine □ Albuterol □ ______________	
	□ Hives □ Wheeze □ Rhinitis/ Sneeze □ Cough	□ Angioedema □ Emesis □ Other ___________	HR	BP ____ / _____	RR/ O2 Sat	□ Epinephrine □ Cetirizine □ Diphenhydramine □ Albuterol □ ______________	
	□ Hives □ Wheeze □ Rhinitis/ Sneeze □ Cough	□ Angioedema □ Emesis □ Other ___________	HR	BP ____ / _____	RR/ O2 Sat	□ Epinephrine □ Cetirizine □ Diphenhydramine □ Albuterol □ ______________	
	□ Hives □ Wheeze □ Rhinitis/ Sneeze □ Cough	□ Angioedema □ Emesis □ Other ___________	HR	BP ____ / _____	RR/ O2 Sat	□ Epinephrine □ Cetirizine □ Diphenhydramine □ Albuterol □ ______________	

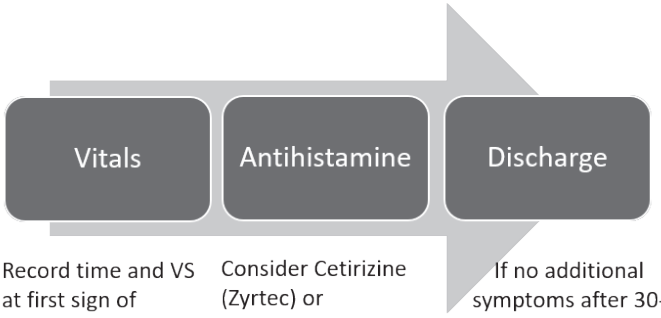
Time of Discharge _____________ **RN Signature** ___________________**Date/Time**__________

Practitioner Signature ___________________ **Date/Time**__________

This form represents a general guideline only and is subject to the clinical judgement of the provider. All dosing for medications administered should be determined by the ordering provider. *Last Updated 9/19/2017*

PATIENT IDENTIFICATION

FOR MILD OR LOCAL ALLERGIC REACTION[1]



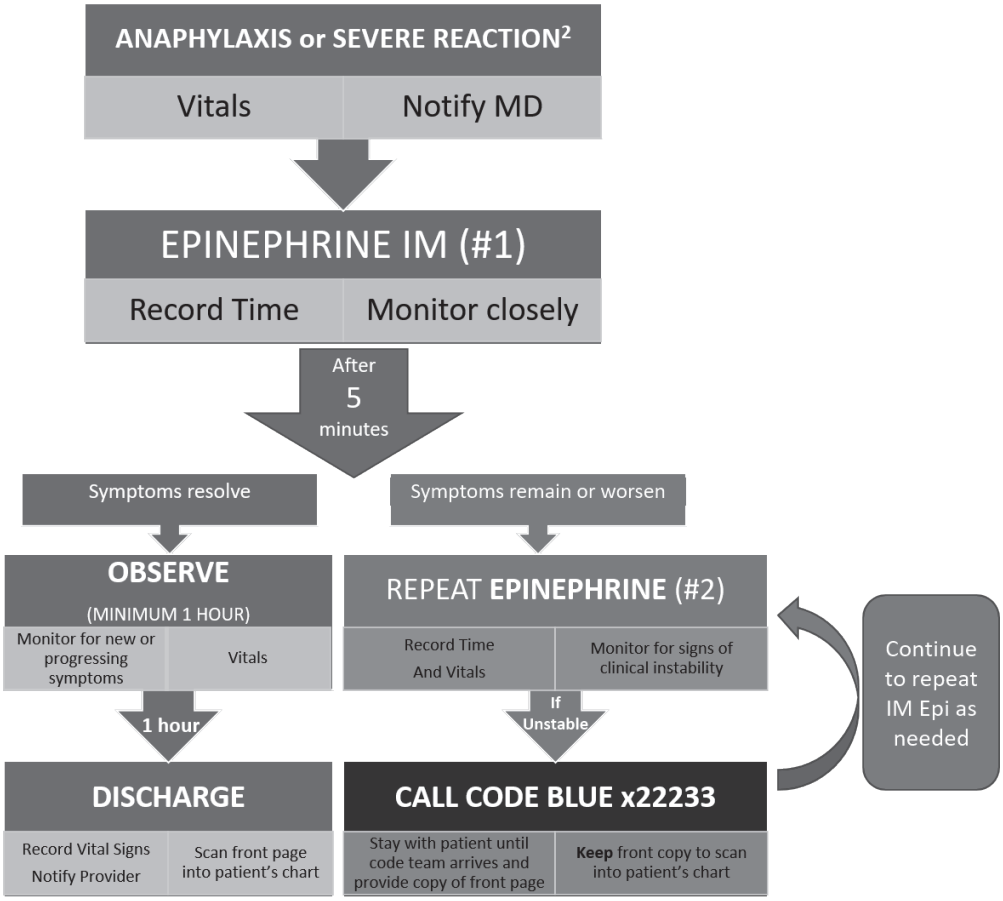
[1] Signs of Mild reaction include:
- Hives on face or body
- Itchy mouth
- Rhinorrhea, sneezing
- Mild nausea/ discomfort

FOR SEVERE ALLERGIC REACTIONS[2]

[2] Signs of anaphylaxis or severe reaction include any one or more of the following body system involvements:

Lung: Shortness of breath, wheeze, repetitive cough
Throat: Tightness, closing or fullness, trouble breathing or swallowing
Heart: Pale, blue, faint, weak pulse, light-headedness, passing out
Mouth: Swelling of tongue
Gut: Repetitive or severe vomiting, diarrhea, abdominal pain
Skin: Severe swelling

Weight	Epinephrine Dose
<30 kg	0.15 mg IM (i.e. Epi Pen Jr)
≥ 30 kg	0.3 mg IM (i.e. Epi Pen Auto-Injector)



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