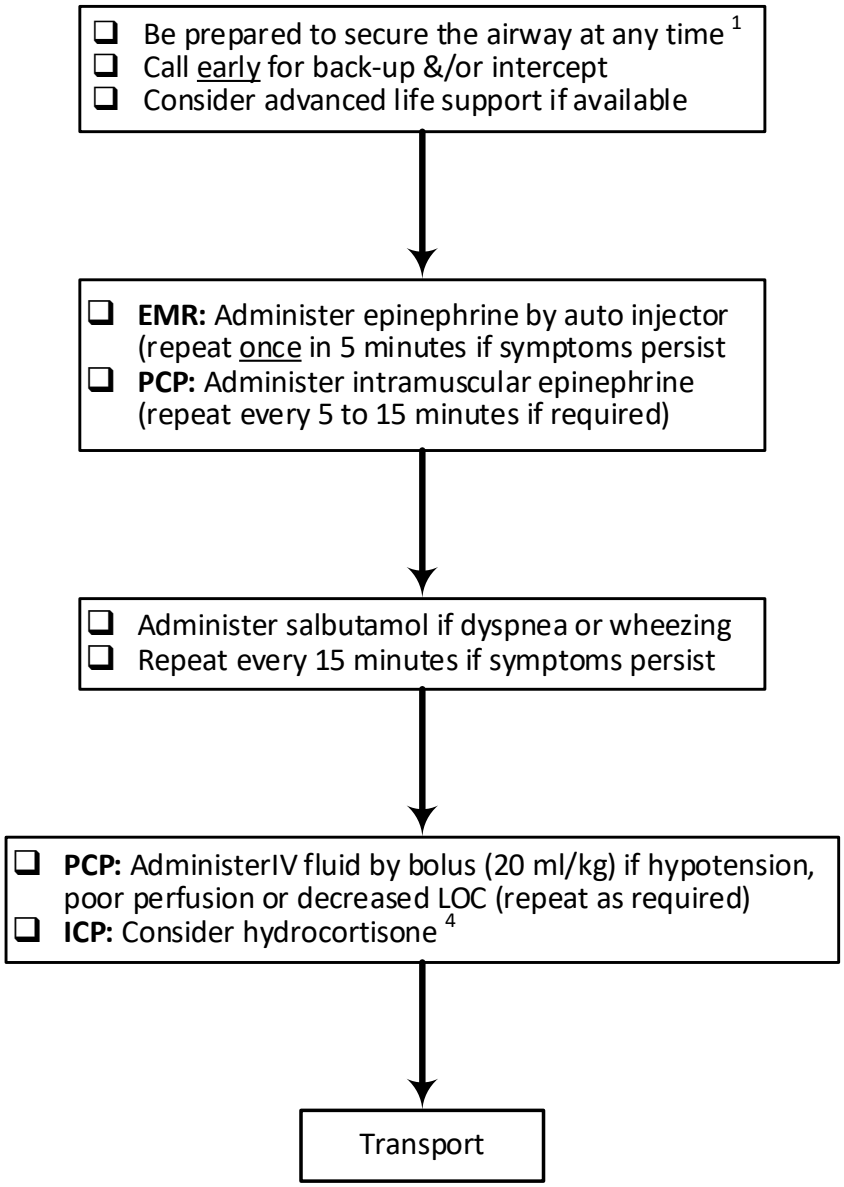
Shared health Soins communs Manitoba	**E03 - ANAPHYLAXIS**	
	All ages	MEDICAL
Version date: 2023-08-06		Effective Date: 2024-02-13 (0700)



IDENTIFIER:	**EMR:** EMR	**PCP:** PCP & ICP	**ICP:** ICP only	None - All providers

QRG: INTRAMUSCULAR EPINEPHRINE DOSING (1 mg/ml concentration)

This quick reference guide (QRG) is for dosing only. Refer to the medication documents for additional information required for safe administration.

WEIGHT (kg)	EPINEPHRINE (mg)	AUTOINJECTOR	
5 to 10	0.1	6 years & older	**Epi-Pen**
11 to 15	0.15	Up to 6 years	**Epi-Pen JR**
16 to 20	0.2	**If Epi-Pen Jr is not available, use adult Epi-Pen.**	
21 to 25	0.25	 0.3 mg 0.15 mg	
26 to 30	0.3		
31 to 35	0.35		
36 to 40	0.4		
41 to 45	0.45		
> 45	0.5		

INDICATIONS

- Known or suspected anaphylaxis [4]

CONTRAINDICATIONS

- Not applicable

NOTES

1. Angioedema of the upper airway can progress within seconds, even as other symptoms such as wheezing or hives appear to be stable or improving. Monitor continuously for signs of developing airway obstruction.
2. In a patient with a known exposure to an allergen that has previously caused anaphylaxis, paramedics should administer epinephrine, monitor closely and transport promptly, even in the absence of symptoms or signs.
3. **Epinephrine is first-line treatment for anaphylaxis and prompt administration is essential**. Delayed epinephrine administration is associated with death from anaphylaxis.
4. The onset of action of corticosteroids takes several hours. It is unclear if they prevent a biphasic or protracted reaction, but limited evidence suggests they may be of benefit in patients with severe symptoms or those with known asthma or significant bronchospasm.

   Physician assessment may be delayed due to prolonged transport duration, offload delays, or physician availability. If medical care will be delayed, paramedics may administer hydrocortisone after evaluating the risks versus benefits based on the patient's condition and anticipated length of delay.

5. There is scant evidence to support the use of either H1 or H2 blocking agents and they may mask a biphasic reaction. Diphenhydramine should never be administered as sole therapy for anaphylaxis.

LINKS
M05.1 - EPINEPHRINE FOR ANAPHYLAXIS M13 - HYDROCORTISONE M15 - SALBUTAMOL

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X05 for change tracking)
• Identifier legend at bottom of flow chart replaces work scope statement in header