Recognition and treatment of

ANAPHYLAXIS IN INFANTS UNDER 24 MONTHS

Signs and symptoms of anaphylaxis

Respiratory	Cardiovascular	Behavioural changes
Low oxygen saturation Swelling of tongue Swelling in throat (e.g. drooling/difficulty swallowing) Change in voice or cry (e.g. hoarseness, croakiness) and/or difficulty vocalising Wheeze, stridor or persistent cough Laboured/noisy breathing Rapid resting respiratory rate for age Low respiratory rate may indicate impending respiratory arrest	Hypotension is a late sign in infants due to high peripheral vascular resistance and can represent a pre-arrest sign Collapse Pale and floppy Tachycardia - Rapid resting heart rate for age may signal hypotension	Sudden drowsiness Unresponsiveness, loss of consciousness

Mild to moderate symptoms that may or may not present:

- Swelling of lips, face, eyes
- Hives, or widespread flushing
- Vomiting/regurgitation
- Face (eye, ear, nose) rubbing, sneezing, sudden onset of clear nasal discharge, conjunctival redness
- Itchiness, scratching of face or body
- Irritability, clinging to caregiver

A food allergy prevention project developed by ascia australasian society of clinical immunology and allergy national allergy strategy Allergy & Anaphylaxis Australia

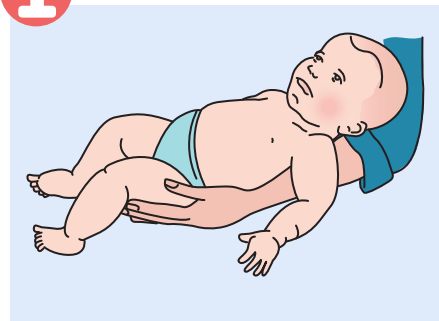
This project received funding from the Australian Government Department of Health

Treating

INFANT ANAPHYLAXIS

Treating infant anaphylaxis should be consistent with the ASCIA Action Plan and ASCIA acute management of anaphylaxis guidelines:

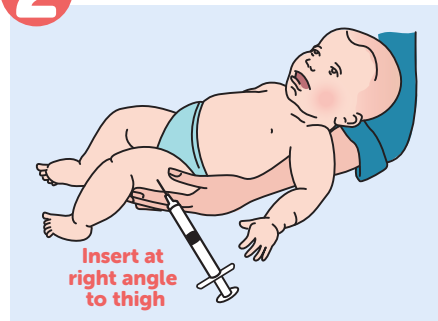
1



Remove any suspected trigger (e.g. flick out sting).

Lay the infant flat or semi-reclining in the caregiver's arms.

2

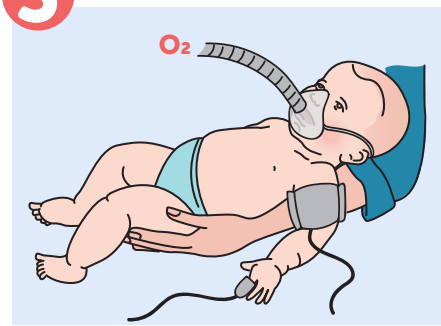


Give 1:1000 adrenaline (epinephrine) IM into the outer mid-thigh – 0.01 mg/kg or for infants over 7.5kg, a 0.15mg adrenaline autoinjector (e.g. EpiPen® Jr) can be administered.

Adrenaline dosage chart for infants (for adrenaline ampoules and syringe)

Age	Weight (kg)	Vol. adrenaline 1:1000
<1	5-10	0.05-0.1 mL
1-2	10	0.1 mL

3



Give high-flow supplemental oxygen through an infant face mask.

Monitor oxygen saturation, respiratory rate, heart rate and blood pressure keeping infant flat or in semi-reclining position.

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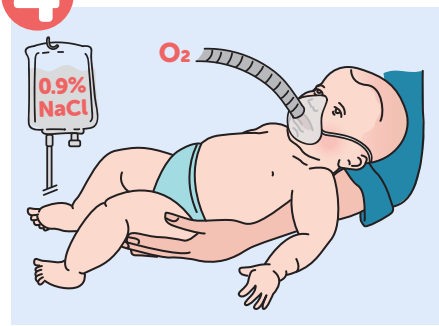

If evidence of cardiovascular compromise, and skills and equipment available, establish IV/IO access and start fluid resuscitation as per PLS or APLS guidelines.

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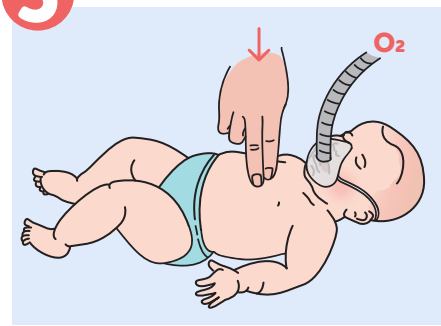

Commence CPR at any time as required as per PLS or APLS guidelines.

Transfer to hospital by ambulance (if not already in a hospital setting) for further treatment and monitoring.

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