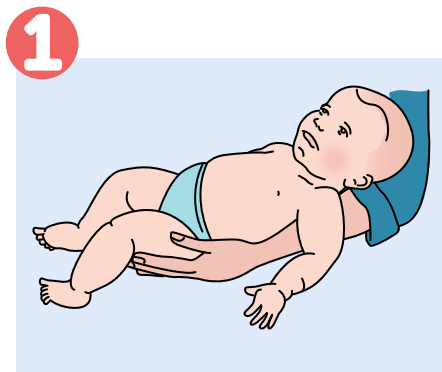
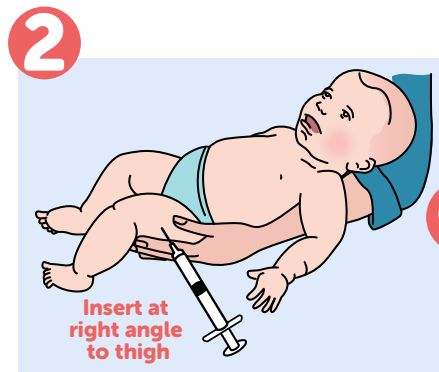


Treating INFANT ANAPHYLAXIS

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



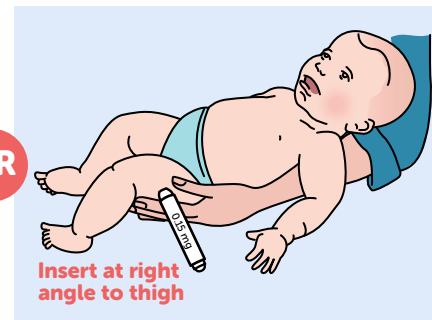
1
Remove any suspected trigger (e.g. flick out sting).
Lay the infant flat or semi-reclining in the caregiver's arms, not upright.



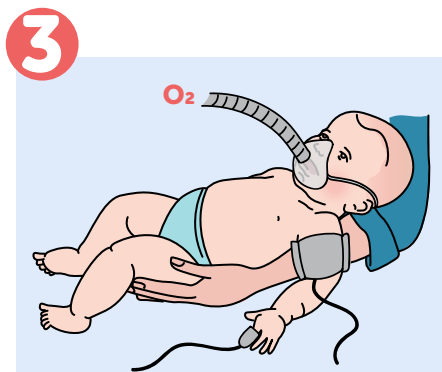
2
Give 1:1000 adrenaline (epinephrine) IM into the outer mid-thigh

Adrenaline dosage chart for infants (for adrenaline ampoules and syringe – use a 1mL syringe)

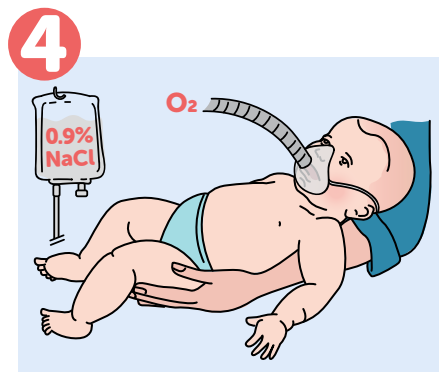
Age	Weight (kg)	Vol. adrenaline 1:1000
<1	5-10	0.05-0.1 mL
1-2	10	0.1 mL



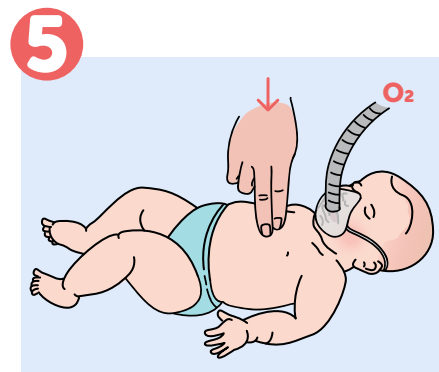
OR
0.01 mg/kg or a 0.15mg adrenaline autoinjector (e.g. EpiPen® Jr) can be administered if you are unsure about drawing up the required volume of adrenaline.



3
Give high-flow supplemental oxygen through an infant face mask.
Monitor respiratory rate, heart rate and blood pressure keeping infant flat or in semi-reclining position. Note: the infant will become pale after adrenaline and peripheral saturation monitoring will not be accurate.



4
If evidence of cardiovascular compromise, and skills and equipment available, establish IV/IO access and start fluid resuscitation as per PLS or APLS guidelines.



5
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.

Recognition and treatment of ANAPHYLAXIS IN INFANTS UNDER 24 MONTHS

Signs and symptoms of anaphylaxis

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

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