

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

EDPED Anaphylaxis/Allergic Reaction

Version 2 11/16/15

General

- This pediatric order set is intended for use in patients 1 month through 17 years of age and less than 50 kilograms
- Rapid overview of emergent management of anaphylaxis in infants and children (see link)

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard _____
- Measure (NOT STATED) Weight in KG
- Cardiac monitor
- Pulse oximetry continuous
- Oxygen Delivery RN/RT to Determine Titrage to maintain Oxygen saturation greater than 90%

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids Bolus

- For 20 mL/kg bolus (edit total fluid volume and rate) SELECT:
Sodium Chloride 0.9% IV
 - _____ milliliter bolus intravenously 20 mL/kg over _____ minutes

IV Fluids Maintenance

- Sodium Chloride 0.9% IV
 - _____ milliliter/hour continuous intravenous infusion

Medications

- EPINEPHrine 1 mg/mL injectable solution
 - 0.01 milligram/kilogram intramuscularly once (MAX 0.5 mg per dose) May repeat every 5 minutes as needed for hypersensitivity reaction.
- methylPREDNISolone (SOLU-MEDROL)
 - 1 milligram/kilogram intravenously once (MAX 125 mg)
- diphenhydrAMINE (BENADRYL)
 - 1 milligram/kilogram intravenously once (MAX 40 mg)
- ranitidine (ZANTAC)
 - 1 milligram/kilogram intravenously once (MAX 50 mg)
- albuterol 2.5 mg/3 mL 90.083%) solution for nebulization (VENTOLIN)
 - 0.15 milligram/kilogram by nebulizer once (minimum dose 2.5 mg)

Provider Signature: _____ Date: _____ Time: _____