



Figure 1) Approach to medical management of anaphylaxis. ABC Airway, breathing and circulation; ICU Intensive care unit; IM Intramuscular; IV Intravenous; NS Normal saline; PO Oral

Drug chart on following page.

TABLE 3**Pharmacological management of anaphylaxis**

Drug and route of administration	Frequency of administration	Paediatric dosing (maximum dose)
Epinephrine (1:1000) IM	Immediately, then every 5–15 min as required	0.01 mg/kg (0.5 mg)
Cetirizine PO	Single daily dose	6 months to <2 years: 2.5 mg OD 2–5 years: 2.5–5 mg OD >5 years: 5–10 mg OD
Diphenhydramine IM/IV	Every 4–6 h as required for cutaneous manifestations	1 mg/kg/dose (50 mg)
Ranitidine PO/IV	Every 8 h as required for cutaneous manifestations	1 mg/kg/dose (50 mg)
Corticosteroids: prednisone PO or methylprednisolone IV	Every 6 h as required	1 mg/kg PO (75 mg) or 1 mg/kg IV (125 mg)
Salbutamol	Every 20 min or continuous for respiratory symptoms (wheezing or shortness of breath)	5–10 puffs using MDI or 2.5–5 mg by nebulization
Nebulized epinephrine (1:1000)	Every 20 min to 1 h for symptoms of upper airway obstruction (stridor)	2.5–5 mL by nebulization
Epinephrine IV (infusion)	Continuous infusion for hypotension – titrate to effect	0.1–1 µg/kg/min (maximum 10 µg/min)
Glucagon IV	Bolus followed by continuous infusion – titrate to effect	20–30 µg/kg bolus (maximum 1 mg), then infusion at 5–15 µg/min

IM Intramuscular; IV Intravenous; MDI Metered dose inhaler; OD Once daily; PO Oral