PEDIATRIC

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CODE BLUE#:

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EXAMPLE PREMEDICATION REGIMENS

Prednisone 0.5–0.7 mg/kg PO (*Max 50mg*) 13, 7 and 1 hr prior + Benadryl 1 mg/kg PO (*Max 50 mg*) 1 hr prior.

OR

Hydrocortisone 2 mg/kg IV (*Max 200mg*) 5 hrs and 1 hr prior + Benadryl 1 mg/kg IV, IM, or PO (*Max 50 mg*) 1 hr prior.
(urgent, NPO only, ER, inpatient)

CONTRAST EXTRAVASATION

Elevate arm (heart level), apply cool compress, remove rings. Observe. Consider surgical consultation for decreased perfusion, sensation, strength, active range of motion or increasing pain.

HYPOTENSION WITH TACHYCARDIA (ANAPHYLAXIS)

1. Preserve IV access, monitor vitals q 15m
2. O_2 6–10 L/min by face mask
3. Elevate legs > 60°
4. IVF 0.9% NS 10–20 mL/kg (*Max 500-1000 mL*)
5. **Epinephrine IV, IM,** or **auto-injector***
6. **Call 911** or **CODE BLUE**

HYPOTENSION WITH BRADYCARDIA

1. Preserve IV access; monitor vitals
2. O_2 6–10 L/min by face mask
3. Elevate legs > 60°
4. IVF 0.9% NS 10–20 mL/kg (*Max 500-1000 mL*)
5. If refractory, Atropine 0.02 mg/kg IV *(Max 1 mg infants/children and 2 mg adolescents)*
6. **Consider calling 911** or **CODE BLUE**

Document reaction and monitor for return of symptoms post-treatment

HIVES/DIFFUSE ERYTHEMA

1. Observation; monitor vitals q 15 min. Preserve IV access.
2. If associated with hypotension or respiratory distress then consider **Anaphylaxis:**
   - O_2 6–10 L/min by face mask
   - IVF 0.9% NS wide open; elevate legs > 60°
   - IVF 0.9% NS 10–20 mL/kg (*max 500-1000 ml*); elevate legs > 60°
   - Epinephrine IV or IM or Auto-injector
   - **Call 911** or **CODE BLUE**
3. If **ONLY** skin findings, but severe or progressive, consider Benadryl PO, IM, IV 1 mg/kg (*max 50 mg*).

LARYNGEAL EDEMA (INSPIRATORY STRIDOR)

1. Preserve IV access; monitor vitals
2. O_2 6–10 L/ min by face mask
3. **Epinephrine IV, IM,** or **auto-injector***
4. **Call 911** or **CODE BLUE**

BRONCHOSPASM (EXPIRATORY WHEEZE)

1. Preserve IV access; monitor vitals
2. O_2 6–10 L/min by face mask
3. Beta-2 agonist inhaler 2 puffs or nebulizer, can repeat x 3
4. If not responding or severe, add **Epinephrine IV, IM,** or **auto-injector***
5. **Call 911** or **CODE BLUE**

*EPINEPHRINE DOSING — PEDIATRIC (can repeat q5–15 min)

IV 0.1 mL/kg of 1 mg/10ml slowly into IVF *(max 1 mL)*. **IM** 0.01 mL/kg of 1 mg/mL *(max 0.3 mL)*.
If between **15–30 kg** use pediatric (Jr.) auto-injector; if >30 kg use adult auto-injector; if **<15 kg** follow institutional guidelines

This work is made possible by ACR® members and volunteers.