Anaphylaxis Crash Cart Supplies

The American Academy of Otolaryngic Allergy (AAOA) has developed this clinical care statement to assist healthcare providers and their practices to identify supplies to help manage anaphylaxis.

Supplies for anaphylaxis should be organized in such a way that they are readily accessible and can be easily moved to the patient experiencing anaphylaxis.

The crash cart should be regularly checked to ensure that all the medications are not past their expiration date.

In addition to having a crash cart readily available, physicians and nursing staff should collaborate to develop a customized written protocol for the management of anaphylaxis in the office. Once developed, it should be posted in all patient areas of the office with the emergency supplies for ready access.

Regular, organized, mock anaphylaxis drills in which all staff members, clerical and medical, are required to participate can help ensure preparedness for these events.

Maintaining clinical proficiency with anaphylaxis management involves certification in basic cardiopulmonary resuscitation and, ideally, advanced life support to ensure the proper skill set for treatment of refractory anaphylaxis, including airway management, cardiac compressions, venous access, and parenteral medication calculation and delivery.

Basic Medications and Dosing for Office Management of Anaphylaxis

Epinephrine
Adult dosing
0.3–0.5 mg IM (0.3–0.5 mL of a 1:1000 solution)
May repeat every 5–10 minutes
Pediatric Dosing
0.01–0.03 mg/kg IM (0.1–0.3 mL/kg of 1:1000 solution)
May repeat at 15-minute intervals

Albuterol
Adult: metered dose inhaler: 2–4 puffs
Pediatric: (nebulizer) 0.25–0.5 mL in 1.5–2 mL saline

Diphenhydramine
Adult: 100 mg IV push
Pediatric: 1 mg/kg IV push

H2 Blockers
Adult: 50 mg slow IV push
Pediatric: 2 mg/kg (up to 50 mg) slow IV push

Dexamethasone
Adult: 20 mg IV or PO
Children: 0.5–1 mg/kg up to 20 mg IV

Methylprednisolone
Adult: 40 mg IV
Pediatric: 0.5 mg/kg IV

IM = intramuscular; IV = intravenous; PO = by mouth (per os).

1 Leatherman BD. Anaphylaxis in the allergy practice. Int Forum Allergy Rhinol . 2014;4:S60–S65.

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