



1. An inhaled beta₂-agonist such as salbutamol may be used as an adjunctive measure if bronchospasm is severe and does not respond rapidly to other treatment.
2. If profound shock judged immediately life threatening give CPR/ALS if necessary. Consider slow intravenous (IV) adrenaline (epinephrine) 1:10,000 solution. This is hazardous and is recommended only for an experienced practitioner who can also obtain IV access without delay. Note the different strength of adrenaline (epinephrine) that may be required for IV use.
3. For children who have been prescribed Epipen, 150 micrograms can be given instead of 120 micrograms, and 300 micrograms can be given instead of 250 micrograms or 500 micrograms.
4. Absolute accuracy of the small dose is not essential.
5. A crystalloid may be safer than a colloid.

Fig. 2 Anaphylactic reactions: treatment for children by first medical responders