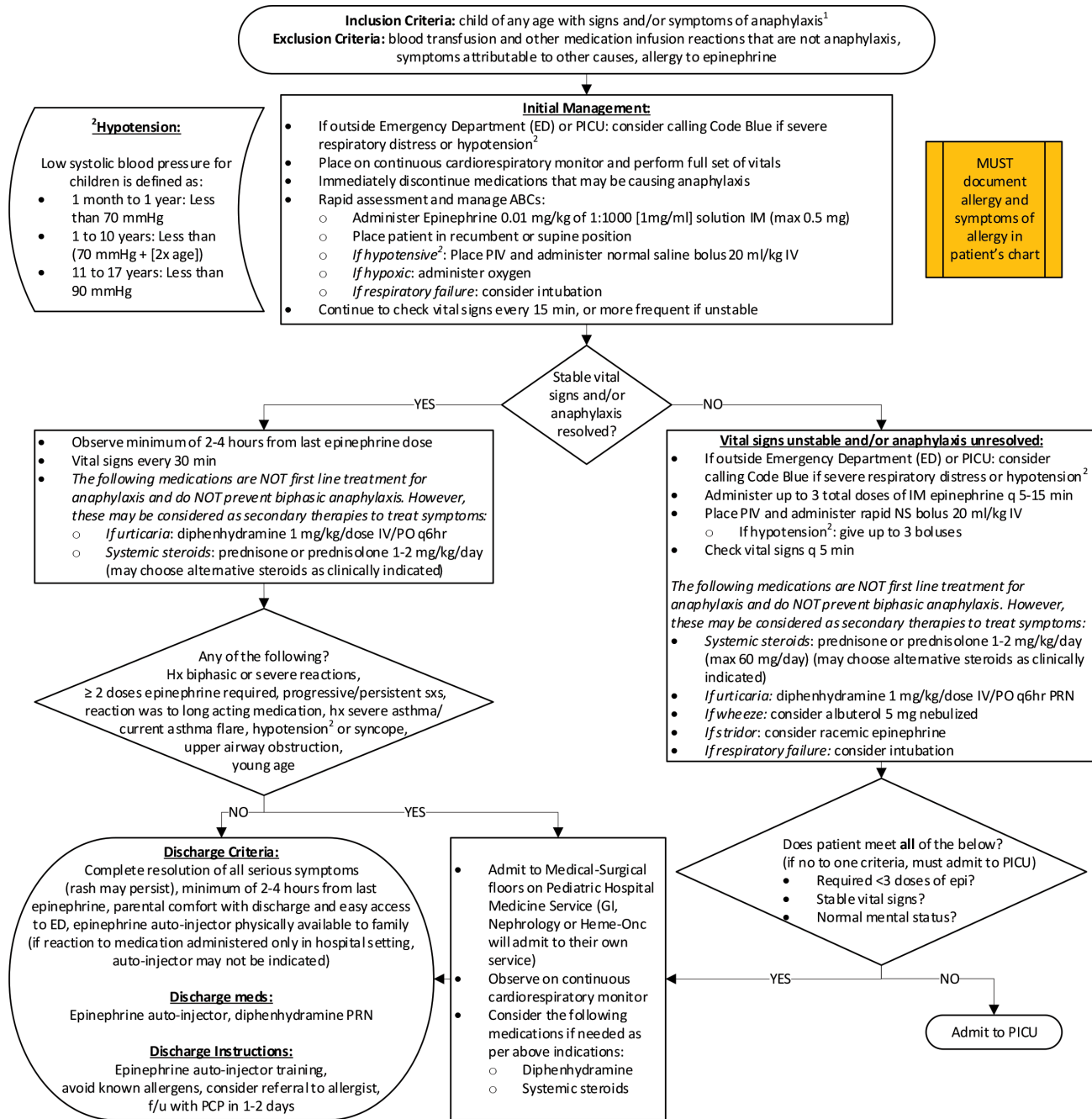


CLINICAL PATHWAY: Anaphylaxis

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
REPLACE CLINICAL
JUDGMENT.



¹Diagnostic Criteria for Anaphylaxis:
 (must meet ONE of the following three criteria)

- Acute onset (seconds to minutes) of skin and/or mucosal involvement (e.g. generalized hives, pruritus or flushing, swollen lips/tongue/uvula), AND respiratory compromise (e.g. dyspnea, wheeze/bronchospasm, stridor, hypoxemia) OR reduced blood pressure or associated symptoms of end-organ dysfunction (e.g. hypotonia, syncope, incontinence)
- TWO OR MORE OF THE FOLLOWING that occur rapidly after exposure to a LIKELY allergen for that patient (seconds to minutes):
 - Skin-mucosal involvement (e.g. generalized hives, pruritus or flushing, swollen lips/tongue/uvula)
 - Respiratory compromise (e.g. dyspnea, wheeze/bronchospasm, stridor, hypoxemia)
 - Reduced blood pressure or associated symptoms (e.g. hypotonia, syncope, incontinence)
 - Persistent gastrointestinal symptoms (e.g. crampy abdominal pain, vomiting, diarrhea)
 - Additional signs of anaphylaxis that may be seen in infants: gagging, tongue thrusting, regurgitation or spitting up, flushing, hoarseness or dysphonia, loose stools, sudden onset of lethargy, irritability, crying, extreme fussiness
- Reduced blood pressure after exposure to a KNOWN allergen for that patient (seconds to minutes):
 - Infants and children – Low systolic blood pressure (age-specific) or greater than 30% decrease in systolic blood pressure from baseline
 - Adults – Systolic BP of less than 90 mmHg or greater than 30% decrease from that person's baseline

CONTACTS: KATIE LORD, BSN | NATALIE BEZLER, MD | ERIC HOPPA, MD | ILANA WAYNIK, MD

LAST UPDATED: 01.16.25

