

# Initial Management of Anaphylaxis Following Immunization or Administration of COVID-19 Therapeutics Flowchart

Perform Simultaneously

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**ASSESS** client for signs and symptoms of anaphylaxis.

**Anaphylaxis criteria are met if 2 or more of the following systems are affected:**  
**CNS** (e.g. confusion, irritability, drowsiness) +/- **SKIN** (e.g. urticaria, erythema/flushing, angioedema)  
**CARDIOVASCULAR** (e.g. hypotension, dizziness, tachycardia) +/- **RESPIRATORY** (e.g. bronchospasm, upper airway obstruction) +/- **GI** (e.g. abdominal pain, vomiting, diarrhea)

**Call Code Blue or 911**

**ADMINISTER**

**EPINEPHrine Intramuscular (IM) Only**  
*(If both thighs immunized administer EPINEPHrine minimum of 2.5 cm (1 inch) from original injection site)*

**Adult**

(Older than 12 years and 46 kg and above)  
**EPINEPHrine** 0.5 mg (1 mg/mL solution)  
 IM vastus lateralis

**Children**

(12 years and younger and less than 46 kg)  
**EPINEPHrine** 0.01 mg/kg (1 mg/mL solution)  
 Up to a **MAXIMUM** of 0.5 mg  
 IM vastus lateralis  
*See Appendix B for dose by age*

Place in Recumbent Position and Elevate Legs (if possible)

**REPEAT EPINEPHrine (IM) Q5 Minutes PRN up to a total of 3 doses for ongoing signs and symptoms of anaphylaxis**

**Adult**

(Older than 12 years and 46 kg and above)  
**EPINEPHrine** 0.5 mg (1 mg/mL solution)  
 IM vastus lateralis

**Children**

(12 years and younger and less than 46 kg)  
**EPINEPHrine** 0.01 mg/kg (1 mg/mL solution)  
 Up to a **MAXIMUM** of 0.5 mg  
 IM vastus lateralis  
*See Appendix B for dose by age*

**ADMINISTER** Oxygen for Hypoxia (if available)

INITIATE IV Access (if available)  
**DO NOT ADMINISTER EPINEPHrine via IV Route**

DOCUMENT ON

[Initial Management of Anaphylaxis Following Immunization or Administration of COVID-19 Therapeutics Documentation Form](#)

AND PROVIDE HANDOVER to CODE TEAM or PARAMEDICS

- Time of onset and nature of symptoms
- Interventions provided including timing and amount of **EPINEPHrine**
- Response to treatment