



## Data Collection Form: Anaphylaxis

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Team 1     Team 2    Case start time: \_\_\_\_\_ Case end time: \_\_\_\_\_

#	Metrics	Yes	No
1	6 kg (4.8-7.2) Wt used: _____ kg		
2	<b>Airway assessed</b> Looked in mouth <u>in the first 3 minutes</u> 		
3	<b>Wheezing verbalized in the first 3 minutes</b> 		
4	<b>Anaphylaxis verbalized</b> ("allergic reaction" not acceptable)		
5	<b>Administered epinephrine IM</b> <input type="checkbox"/> Correct dose (0.04-0.1mg for 6kg) <input type="checkbox"/> 1:1000 <input type="checkbox"/> 1:10,000 <input type="checkbox"/> EpiPen Jr (0.15 mg) _____ ml   _____ mg		
6	<b>Started inhalation with</b> <input type="checkbox"/> Albuterol <input type="checkbox"/> Recemic epinephrine		
7	<b>Placed IV</b>		
8	<b>Administered rapid fluid bolus</b> 20 cc/kg		
9	<b>Family presence</b> The parent was allowed to stay		
10	<b>Family-centered care</b> Team interacted with parent throughout the case		
11	<b>Disposition</b> <input type="checkbox"/> Admit <input type="checkbox"/> Observe in the ED (4-6 hours)		
12	<b>Cognitive aids used (mark all that apply):</b> <input type="checkbox"/> Broselow <input type="checkbox"/> Smartphone/Online reference <input type="checkbox"/> Other _____ <input type="checkbox"/> None		
13	<b>Medications given (mark all that apply and write the dose):</b> <input type="checkbox"/> Dexamethasone _____ <input type="checkbox"/> Diphenhydramine _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		

**Notes:**


Latent Safety Threats

- IV dose \_\_\_\_\_
- IO dose \_\_\_\_\_
- EpiPen (0.3 mg)

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- Discharge w/o observation

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