

Treatment & Monitoring for Canine Anaphylaxis			
First Line	Intervention	Comments	Duration of Activity
Intravenous Fluids	30-50 ml/kg I.V. repeated as needed	 AFAST • TFAST • VETBLUE • FAST SAVES LIVES™	Short
Epinephrine	Low dose 0.01mg/kg - I.M. or I.V. repeated as needed every 5-10 minutes; if fails injectable EPI then go to CRI	Can use as a CRI starting at 0.05mcg/kg/min then increasing as needed based on blood pressure and taper off as soon as possible	Short
Second Line			
*Dexamethasone Sodium Phosphate (glucocorticoids)	0.3mg/kg I.V.	Repeat 12-hours Post-admission at 0.15mg/kg if not able to take PO Prednisone *Potent Arachidonic Acid Inflammatory Pathway Blocker by inhibiting Phospholipase A2 and Histamine blocker	Long
Diphenhydramine (histamine-1 receptor blocker)	2mg/kg I.M. ONCE with maximum dose of 50mg/dog	Avoid I.V. due to potential to initiate hypotension	Short
Famotidine (histamine-2 receptor blocker)	0.5mg/kg I.V. or I.M. q 12-24hrs (P.O. once appropriate)	Continue for 5-7 days while Patient on Steroids	Short
* Prednisone	0.25mg/kg q 12hrs for 3 days then 0.25mg/kg q24hrs for 3 days	Tapering Steroid Regimen to Prevent 2nd Episode (Wave) of Inflammation that Causes Persistent Coagulopathy	Long
Fresh Frozen Plasma	Give if PT, aPTT greater than > 25% over upper reference range and repeat as needed Delay if PT, aPTT less than < 25% over upper reference range and recheck again in 4-hours and thereafter as needed depending on AFS and clinical course	Follow these cases with frequent PCV q 2-4 hours plus Serial AFAST and AFS-scoring until you are Confident that the Coagulopathy and Hemoabdomen are Resolving	Short
Monitoring	AFAST®	TFAST®	Vet BLUE®
Global FAST® - combining AFAST® and AFS, TFAST® and Vet BLUE®	AFAST and fluid scoring - on admission and then 4-hours post admission if stable and sooner if unstable AFAST and AFS as part of daily patient rounds <i>Expect that dogs with resolved coagulopathy to have dramatic resolution of free fluid within 24-hours - AFS from 3 and 4 to 1-2 or 0 (negative fluid score)</i>	TFAST for volume status and contractility Left-heart LA:Ao Ratio on short-axis view fallback non-echo view Vet BLUE for left-sided volume overload Right-heart RV:LV on long-axis 4-chamber view fallback non-echo view the CVC and hepatic veins FAST DH view for right-sided volume overload	Vet BLUE for lung edema and other respiratory complications *Expect lung to be dry in Canine AX unless complications!
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