


Treatment & Monitoring for Canine Anaphylaxis



First Line	Intervention	Comments	Duration of Activity
Intravenous Fluids	30-50 ml/kg I.V. repeated as needed		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	Intermediate
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	Intermediate to Long-acting
* 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	Intermediate
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 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)	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!