Anaphylaxis response/management

CALL FOR HELP – send for professional assistance (ambulance, doctor).
Never leave the individual alone.

ASSESS FOR ANAPHYLAXIS (see Table 2.10 for full details)

Airway and breathing
Noisy breathing due to airways obstruction; or respiratory arrest

Circulation/shock
Tachycardia; hypotension; dysrhythmias; circulatory arrest

Skin changes
Red, raised and itchy rash; swollen eyes and face; generalised rash

If cardiac arrest – commence age-appropriate CPR and life support measures

LAY THE PATIENT DOWN (do not allow them to stand)
If they have breathing difficulties, elevate the head and chest.

ADMINISTER ADRENALINE by deep IM injection into outer thigh

Adrenaline dosage for 1:1,000 formulation is 0.01 mL/kg up to a maximum of 0.5 ml.

For those under 10 kg or if weight is not known, use the following guidelines:

Age	Dose
under 2 years	0.1 mL
2–4 years	0.2 mL
5–11 years	0.3 mL
12 years and over	0.5 mL
Adult	0.5 mL

You can expect to see some response to the adrenaline within 1–2 minutes. If necessary, adrenaline can be repeated at 5–15-minute intervals, while waiting for assistance.

ADMINISTER OXYGEN, if available, at high flow rates when there is respiratory distress, stridor or wheeze.

IF HYPOTENSIVE, ELEVATE LEGS.

RECORD VITAL SIGNS every 5–10 minutes. All observations and interventions need to be clearly documented in medical notes and should accompany the individual to hospital.

ADMIT TO HOSPITAL – all cases of anaphylaxis should be admitted to hospital for observation. Rebound anaphylaxis can occur 12–24 hours after the initial episode.

Note: IV adrenaline should only be used with extreme caution by medical staff. It is not appropriate as a first-line management