

Management of Anaphylaxis

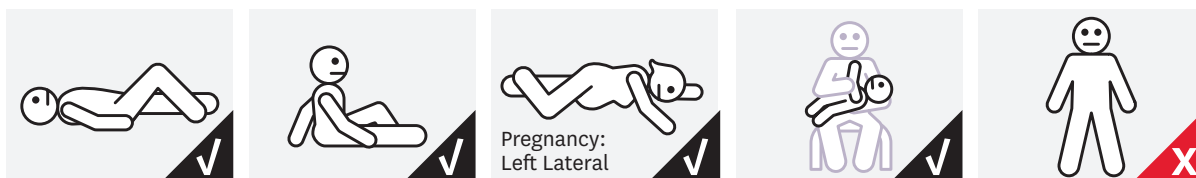
Acute onset of life-threatening airway and/or breathing and/or circulation problems and usually skin and/or mucosal changes.

ASSESS

- **Airway:** swelling, hoarseness, noisy breathing (stridor)
- **Breathing:** fast, wheeze, cyanosis, fatigue, confusion
- **Circulation:** pale, clammy, slow capillary refill, low BP, faintness, drowsy/coma
- **Skin and mucosal changes:** urticaria, flushing, angioedema

1. CALL FOR HELP Send for emergency medical assistance (ambulance, doctor).

2. POSITION PATIENT SAFELY Do not allow them to stand and never leave them alone.



3. ADMINISTER ADRENALINE By deep IM injection into outer thigh.

Adrenaline 1:1,000 formulation: Use dose chart below

AGE	DOSE	AGE	DOSE
<2 years	100 mcg (0.1 mL)	5–11 years	300 mcg (0.3 mL)
2–4 years	200 mcg (0.2 mL)	12 years and over	500 mcg (0.5 mL)

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.

4. BE PREPARED TO COMMENCE AGE APPROPRIATE CPR* If needed.

5. ADMINISTER OXYGEN If available.

If there is respiratory distress, stridor, or wheeze, use high flow rates.

6. 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.

7. ADMIT PATIENT 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, a current Resuscitation certificate is required covering the skills outlined in Appendix 4.12 Immunisation Handbook.

