Anaphylaxis

Anaphylaxis?

A = Airway  B = Breathing  C = Circulation  D = Disability  E = Exposure

Diagnosis – look for:

• Sudden onset of Airway and/or Breathing and/or Circulation problems
• And usually skin changes (e.g. itchy rash)

Call for HELP
Call resuscitation team or ambulance

• Remove trigger if possible (e.g. stop any infusion)
• Lie patient flat (with or without legs elevated)
  – A sitting position may make breathing easier
  – If pregnant, lie on left side

Give intramuscular (IM) adrenaline

• Establish airway
• Give high flow oxygen
• Apply monitoring: pulse oximetry, ECG, blood pressure

If no response:

• Repeat IM adrenaline after 5 minutes
• IV fluid bolus

If no improvement in Breathing or Circulation problems despite TWO doses of IM adrenaline:

• Confirm resuscitation team or ambulance has been called
• Follow REFRACTORY ANAPHYLAXIS ALGORITHM

1. Life-threatening problems
   - Airway: Hoarse voice, stridor
   - Breathing: ↑work of breathing, wheeze, fatigue, cyanosis, \( \text{SpO}_2 < 94\% \)
   - Circulation: Low blood pressure, signs of shock, confusion, reduced consciousness

2. Intramuscular (IM) adrenaline
   - Use adrenaline at 1 mg/mL (1:1000) concentration
   - Adult and child >12 years: 500 micrograms IM (0.5 mL)
   - Child 6–12 years: 300 micrograms IM (0.3 mL)
   - Child 6 months to 6 years: 150 micrograms IM (0.15 mL)
   - Child <6 months: 100–150 micrograms IM (0.1–0.15 mL)

3. IV fluid challenge
   - Use crystalloid
   - Adults: 500–1000 mL
   - Children: 10 mL/kg

The above doses are for IM injection only.
Intravenous adrenaline for anaphylaxis to be given only by experienced specialists in an appropriate setting.