

## A-E ASSESSMENT

POSSIBLE ANAPHYLATIC REACTION

### AIRWAY:

- Swelling Face / Lips / Tongue
- Stridor

### BREATHING:

- Tachypnoea
- Wheeze

### CIRCULATION:

- Pale / Clammy
- Low BP
- Tachycardia

### DISABILITY:

- Drowsy / GCS <15

### EXPOSURE:

- Rash / Urticaria

MEDICAL EMERGENCY CALL

ANAPHYLATIC KIT  
CRASH TROLLEY

LIE PATIENT FLAT  
RAISE PATIENTS LEGS  
REMOVE ALLERGEN

ADRENALINE  
IM 1:1000

ADRENALINE DOSE

Adult + Child >12 years age: 500mcg (0.5ml)  
6-12 years age: 300mcg (0.3ml)  
6 months - 6 years age: 150mcg (0.15ml)  
<6 months age: 100-150mcg (0.1-0.15ml)

INJECT ANTEROLATERAL ASPECT  
MIDDLE THIRD OF THE THIGH

Establish Airway  
High-Flow Oxygen  
Establish Monitoring: Pulse Oximetry / ECG / Blood Pressure  
Wide bore IV cannula

SATISFACTORY RESPONSE?  
Adverse Features Improved  
**Within 5 minutes**

NO

YES

REPEAT ADRENALINE

CLOSE MONITORING

IV Fluid bolus  
Crystallloid  
Adult: 500-1000ml  
Children 10ml/kg

BLOODS

- Mast Cell Tryptase

### OTHER

- Consider Prednisolone for 3-5 days (discuss with senior)
- Add allergen to drug chart
- Refer to Allergy clinic

SATISFACTORY RESPONSE?  
Adverse Features Improved  
**Within 5 minutes**

NO

REPEAT ADRENALINE

IF NO IMPROVEMENT AFTER TWO DOSES OF ADRENALINE ENSURE SENIOR / RESUSCITATION TEAM PRESENT

START REFRACTORY ANAPHYLAXIS ALGORITHM - OVERVIEW BELOW

ENSURE DEDICATED PERIPHERAL IV or IO ACCESS

ADRENALINE INFUSION + IV FLUID BOLUS

Reapeat IM Adrenaline every 5 minutes until infusion started

### AIRWAY

Partial obstruction  
• Adrenaline Nebuliser (5ml of 1mg/ml)

### Total obstruction

- Expert help needed

Oxygenation more important than intubation

### BREATHING

Apnoeic:

- Bag mask ventilation
- Consider tracheal intubation

### Severe / persistent bronchospasm

- Nebulised Salbutamol + Ipratropium with oxygen
- Consider IV bolus / infusion Salbutamol or Aminophylline
- Inhalational anaesthesia

CIRCULATION

Give further IV boluses and titrate to response

- Place arterial cannulation for continuous BP monitoring
- Establish central venous access

### If refractory to adrenaline infusion

- Consider second vasopressor in addition