ANAPHYLAXIS

- **Remove trigger (if possible)**
- Lie patient flat, with legs elevated. Sit patient up if there is respiratory distress or persistent vomiting.

GIVE INTRAMUSCULAR (IM) ADRENALINE
Body weight 10-25 kg: EpiPen Junior (0.15 mg)
>25 kg: EpiPen (0.3 mg)
OR 0.01ml/kg of IM Adrenaline 1:1000 (1mg/ml)
Max 0.3 mg (child), 0.5 mg (> 12yo or adult)

Inject IM in mid-anterolateral aspect of the thigh

- For continuous monitoring (SpO_2, HR, BP)
- Ensure airway is patent
- Give high flow O_2 (6-8L/min) via face mask if SpO_2 <93%

If no response after 5 minutes:
• Repeat IM Adrenaline
• Establish intravenous (IV) access
• Consider IV bolus 0.9% Normal Saline 10ml/kg

Refractory Anaphylaxis

- No improvement in respiratory or cardiovascular symptoms despite 2 appropriate doses of IM Adrenaline

Establish IV/IO access

- **Give IV bolus 0.9% NS 10ml/kg**

Start IV Adrenaline infusion & inform CICU
- Dilute 1.5mg (1.5ml) IV Adrenaline (1:1000) in 50ml 0.9%NS (peripheral)
[Concentration: 0.1 mcg/kg/min = 0.2 ml/kg/hr]
- Start at 0.1 mcg/kg/min and titrate according to clinical response

**DO NOT* *'piggyback' on to another infusion line*
**DO NOT* *infuse on the same side as BP cuff*

If apnoeic:
Activate CODE BLUE
- Initiate bag mask ventilation
- Intubation under RSI

If cardiac arrest:
Activate CODE BLUE
- Initiate CPR (follow APLS algorithm)
- Consider ECMO

***Give IM Adrenaline every 5 minutes until IV adrenaline infusion is started**

*Place on continuous cardiac monitoring for cardiac arrhythmia

If refractory to IV Adrenaline infusion:
- Consider adding a 2nd vasopressor (i.e. noradrenaline, vasopressin)
- Consider IV glucagon in patients on beta-blockers (slow bolus 20-30 mcg/kg over 5 mins, max 1mg)

Note: Antihistamines, bronchodilators or steroids are adjuvant therapy and should not delay the administration of IM Adrenaline