

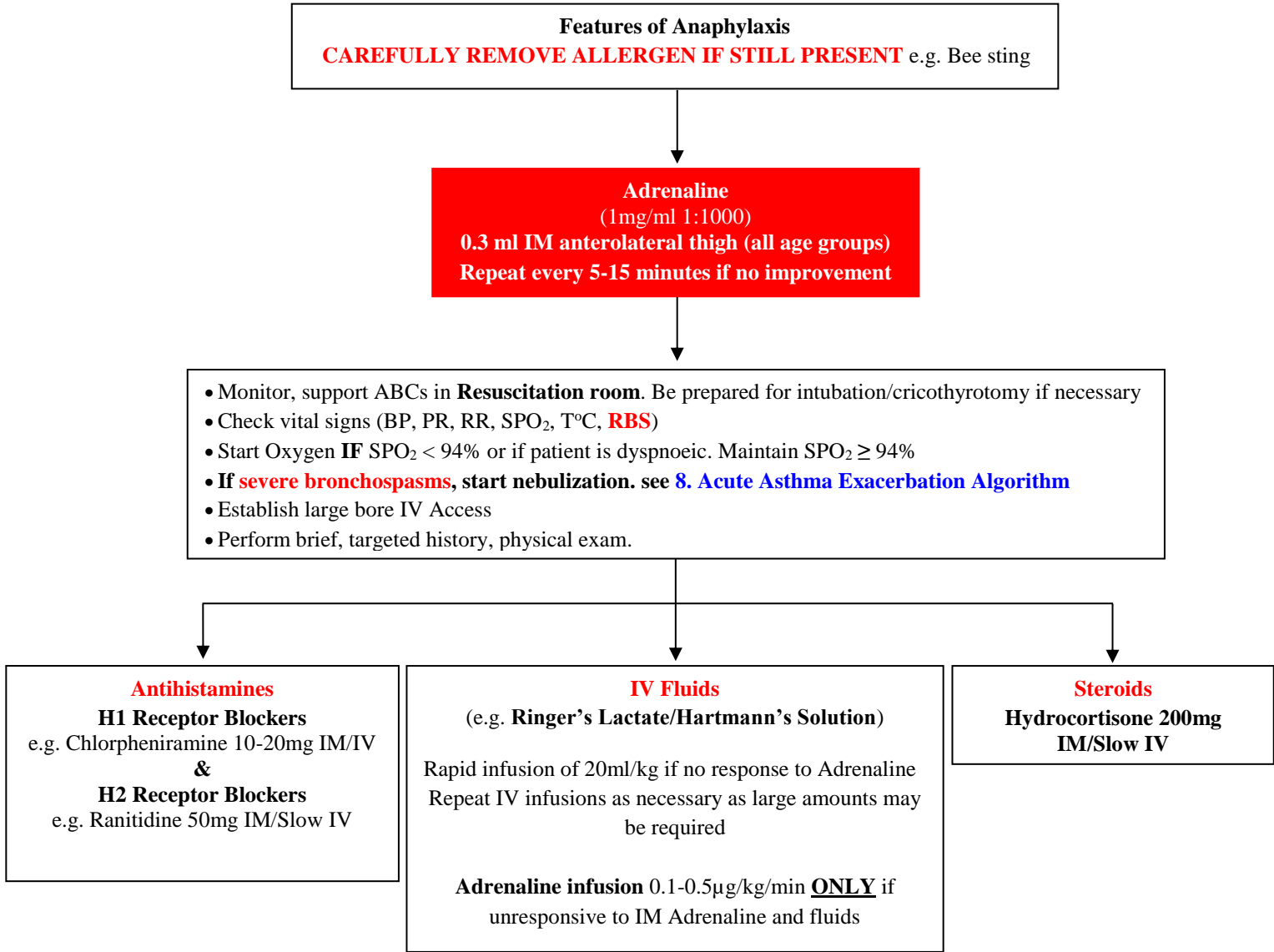
7. Anaphylaxis Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient’s individual needs. Failure to comply with this pathway does not represent a breach of the standard

A patient meets the definition of **anaphylaxis** when **ANY 1** of the following 3 criteria are fulfilled:

1. Acute onset of **mucocutaneous signs AND 1** of the following:
 - respiratory compromise (wheezing-bronchospasm, dyspnoea, stridor, hypoxemia),
 - hypotension (syncope), or
 - hypotonia.
2. Rapid onset of **2 of the following** after exposure to likely allergen:
 - mucocutaneous signs,
 - respiratory compromise,
 - hypotension, or
 - persistent gastrointestinal symptoms.
3. **Hypotension** after exposure to a known allergen.

Patients with **simple allergic reactions** who **DO NOT** meet the criteria for anaphylaxis may be managed similarly **WITHOUT** the use of adrenaline.



Patients with suspected anaphylaxis should be observed for **at least 6 hours**. Patients who are **NOT HIGH-RISK** should be discharged in the care of others. Before discharge from the hospital, all patients with anaphylactic reactions **must be;**

- Given clear indications for immediate return to the emergency department (ED).
- Considered for treatment with **antihistamines** and **oral steroids** for **3 days** to decrease the chance of further reaction