

**Standing Order: For the administration of Adrenaline for Anaphylaxis following vaccination.**

Issued Date: 14 November 2018		Not valid after the review date (14 November 2019)	
Organisation/clinic	Dominion medical centre		
Medicine Standing Order Title	Administration of Adrenaline in the advent of anaphylaxis following vaccination.		
Rationale	<p>This standing order is required because adrenaline is a prescription medicine which can only be administered by a medical practitioner, current authorised independent vaccinator or a 'person authorised to administer the medicine in accordance with a standing order'.</p> <p>The administration of adrenaline is a required treatment in the advent of anaphylaxis where there is evidence of respiratory distress, stridor, wheeze or cardiovascular compromise.</p> <p>This standing order is to be used by a registered nurse with a current APC and level 4 CPR certificate, working in community and primary care settings administering adrenaline for anaphylaxis under supervision of prescribing GP in accordance with the Medicine Regulations 1984 44 (2) act and the Immunisation Handbook 2017.</p>		
Standing Order Scope (The condition and patient group)	<p>For the treatment of life threatening anaphylaxis after immunisation. Anaphylaxis is a severe adverse event of rapid onset, characterised by circulatory collapse evolving multi-system allergic reaction. One of more signs of respiratory and/or cardiovascular and/or other systems such as skin, gastrointestinal tract embodies anaphylaxis.</p> <p>Signs and Symptoms of anaphylaxis include</p> <p>Respiratory:</p> <ul style="list-style-type: none"><li>• Swelling of the lips and tongue</li><li>• Difficulty or noisy breathing</li><li>• Swelling/tightness of the throat</li><li>• Difficulty talking and/or hoarse voice</li><li>• Wheezy or persistent cough</li><li>• Airway compromised</li></ul> <p>Cardiovascular:</p> <ul style="list-style-type: none"><li>• Tachycardia, dysrrhythmias</li><li>• Decreased level of consciousness or loss of consciousness</li><li>• Hypotension</li><li>• Collapse</li><li>• Young children tend to go pale and floppy</li><li>• Angioedema</li></ul> <p>Other:</p> <ul style="list-style-type: none"><li>• Perineal burning, warmth, pruritus, flushing, urticaria</li><li>• Nausea, abdominal pain or vomiting</li></ul> <p><b>All vaccinators MUST be able to recognise the signs and symptoms of anaphylaxis and act quickly</b></p>		
Designated person with clinical responsibility to issue the Standing order.	This Standing Order must be issued by a prescriber (GP) for use by a named registered nurse with a current APC and CPR level 4 certificate who is administering immunisations.		
Medicines	Adrenaline 1:1000 ampule 0.5ml		

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<b>Dosage</b>	<p>Administer 1:1000 adrenaline by deep intramuscular injection, if necessary this can be repeated at 5-15min intervals with a maximum of three doses. All vital signs should be recorded every 5-10minutes and document all symptoms and treatment given.</p> <p>Adrenaline dosage for 1:1000 formulation is 0.01mL/kg with up to a maximum of 0.5mL if weight unknown</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Adrenaline 1:1000</th> </tr> </thead> <tbody> <tr> <td>Under 1 year</td> <td>0.05-0.1mL</td> </tr> <tr> <td>Under 2 years</td> <td>0.1mL</td> </tr> <tr> <td>2-4years</td> <td>0.2mL</td> </tr> <tr> <td>5-10years</td> <td>0.3mL</td> </tr> <tr> <td>≥ 11 years</td> <td>0.3-0.5mL</td> </tr> <tr> <td>Adult</td> <td>0.5mL</td> </tr> </tbody> </table> <p>As per the guidelines found in the Immunisation Handbook 2017</p>		Age	Adrenaline 1:1000	Under 1 year	0.05-0.1mL	Under 2 years	0.1mL	2-4years	0.2mL	5-10years	0.3mL	≥ 11 years	0.3-0.5mL	Adult	0.5mL
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<b>Storage</b>	Store below 25°C and protect from light. Do not use if the injection is brown or contains a precipitate.															
<b>Contraindications and precautions</b>	<p>The following contraindications should be considered:</p> <ul style="list-style-type: none"> <li>- Hyperthyroidism</li> <li>- Hypotension</li> <li>- Ischaemic heart disease</li> <li>- Diabetes mellitus</li> <li>- Narrow angle glaucoma</li> <li>- Known sensitivity to sympathomimetic amines</li> </ul> <p>Adrenaline should NO be used in the presence of cardiac dilation.</p> <p>Adrenaline should NO be used in most patients with arrhythmias and cerebral arteriosclerosis where vasopressor drugs may be contraindicated e.g. in thyrotoxicosis</p> <p>Adrenaline should NOT be injected into the fingers, toes, ears, nose or genitalia</p> <p>Use with caution in patients with ventricular fibrillation, prefibrillatory rhythm tachycardia, myocardial infarction, phenothamine induced circulatory collapse and prostatic hypertrophy.</p> <p>Administer slowly with caution to elderly patients and to patients with hypertension diabetes mellitus, hyperthyroidism and psychoneurosis.</p> <p>Use with EXTREME caution in patients with long-standing bronchial asthma and emphysema who have developed degenerative heart disease. Angina pain may be induced when coronary insufficiency is present.</p> <p>Intramuscular injection into the buttocks should be avoided as gas gangrene is a possibility. Local ischaemic necrosis can occur from repeated injections in one site.</p>															
<b>Frequency of administration</b>	Can be repeated at intervals of 5-15mins for a maximum of three doses.															
<b>Side effects</b>																
<b>Efficacy &amp; Effectiveness</b>																
<b>References</b>	<a href="http://www.medsafe.govt.nz/profs/Datasheet/d/dblAdrenaline1in1000inj.pdf">http://www.medsafe.govt.nz/profs/Datasheet/d/dblAdrenaline1in1000inj.pdf</a>															

  

<b>SIGNED BY ISSUER (GP):</b>	
<b>Name:</b> CHI HUNG ANDY WATT	<b>Date:</b> 14 November 2018
<b>Title:</b> GP	

SIGNED BY MANAGER:	
Name: CHI HUNG ANDY WATT	Date: 14 November 2018
Title: GP	
SIGNED BY NURSE PRACTICING UNDER THIS STANDING ORDER:	
Name: Maria Mok	Date: 14 November 2018
Title: registered Nurse	
SIGNED BY AUTHORISED VACCINATOR SUPERVISING THIS STANDING ORDER:	
Name:	Date:
Title:	
SIGNED BY AUTHORISED VACCINATOR SUPERVISING THIS STANDING ORDER:	
Name:	Date:
Title:	