

# 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<sup>1</sup>
- 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



Inject at  
**anterolateral aspect** –  
middle third of the thigh



### Give intramuscular (IM) adrenaline<sup>2</sup>

- 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<sup>3</sup>

### If no improvement in Breathing or Circulation problems<sup>1</sup> 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, SpO<sub>2</sub> <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)

The above doses are for IM injection **only**.

Intravenous adrenaline for anaphylaxis to be given **only by experienced specialists** in an appropriate setting.

#### 3. IV fluid challenge

Use crystalloid

**Adults:** 500–1000 mL

**Children:** 10 mL/kg