

Anaphylaxis

Anaphylaxis?

A = Airway **B** = Breathing **C** = Circulation **D** = Disability **E** = Exposure

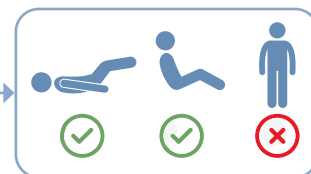
Diagnosis – look for:

- Sudden onset of Airway and/or Breathing and/or Circulation problems¹
- 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) adrenaline²

- Establish airway
- Give high flow oxygen
- Apply monitoring: pulse oximetry, ECG, blood pressure

If no response:

- Repeat IM adrenaline after 5 minutes
- IV fluid bolus³

If no improvement in Breathing or Circulation problems¹ 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, SpO₂ <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