

# Anaphylaxis

## response/management

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**CALL FOR HELP – send for professional assistance (ambulance, doctor).**

**Never leave the individual alone.**

**ASSESS FOR ANAPHYLAXIS** (see Table 2.10 for full details)

**Airway and breathing**

Noisy breathing due to airways obstruction; or respiratory arrest

**Circulation/shock**

Tachycardia; hypotension; dysrhythmias; circulatory arrest

**Skin changes**

Red, raised and itchy rash; swollen eyes and face; generalised rash

**If cardiac arrest** – commence age appropriate CPR and life support measures

**LAY THE PATIENT DOWN** (do not allow them to stand)

If they have breathing difficulties, elevate the head and chest.

**ADMINISTER ADRENALINE** by deep IM injection into outer thigh

Adrenaline dosage for 1:1,000 formulation is 0.01 mL/kg up to a maximum of 0.5 mL.

For those under 10 kg or if weight is not known, use the following guidelines:

Age	Dose
under 2 years	0.1 mL
2–4 years	0.2 mL
5–11 years	0.3 mL
12 years and over	0.5 mL
Adult	0.5 mL

You can expect to see some response to the adrenaline within 1–2 minutes. If necessary, adrenaline can be repeated at 5–15-minute intervals, while waiting for assistance.

**ADMINISTER OXYGEN**, if available, at high flow rates when there is respiratory distress, stridor or wheeze.

**IF HYPOTENSIVE, ELEVATE LEGS.**

**RECORD VITAL SIGNS** every 5–10 minutes. All observations and interventions need to be clearly documented in medical notes and should accompany the individual to hospital.

**ADMIT TO HOSPITAL** – all cases of anaphylaxis should be admitted to hospital for observation. Rebound anaphylaxis can occur 12–24 hours after the initial episode.

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Note: Only medical practitioners should administer IV adrenaline.