
Anaphylaxis

Call for help – send for professional assistance (ambulance, doctor). Never leave the individual alone.

Assess – Assess responsiveness, and check Airway, Breathing, Circulation.

- If they are conscious, lie the individual down in the recovery position.
- If they are unconscious and breathing normally, lie the individual down in the recovery position, ensuring that the airway is open.
- If they are unconscious and not breathing normally, institute standard procedures for basic life support. If cardiorespiratory arrest occurs, administer age-appropriate CPR and life-support measures.

Administer 1:1,000 adrenaline by deep intramuscular injection – see below for dosage. If necessary, adrenaline can be repeated at 5–15-minute intervals, to a maximum of three doses.

Administer oxygen at high flow rates where there is respiratory distress, stridor or wheeze.

If hypotensive, elevate legs. **If stridor is present**, elevate head and chest.

Record vital signs every 5–10 minutes and document fully all symptoms and treatment given.

Admit to hospital – all cases of anaphylaxis should be admitted to hospital for observation.

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

If weight unknown:

Recipient	Age	Adrenaline (1:1,000 mL)
Infant	Under 1 year	0.05–0.1 mL
Child	Under 2 years	0.1 mL
Child	2–4 years	0.2 mL
Child	5–10 years	0.3 mL
Adolescent	≥11 years	0.3–0.5 mL
Adult		0.5 mL