Management of Anaphylaxis

Acute onset of life-threatening airway and/or breathing and/or circulation problems and usually skin and/or mucosal changes.

ASSESS

- **A**irway: swelling, hoarseness, noisy breathing (stridor)
- **B**reathing: fast, wheeze, cyanosis, fatigue, confusion
- **C**irculation: pale, clammy, slow capillary refill, low BP, faintness, drowsy/coma
- Skin and mucosal changes: urticaria, flushing, angioedema

1. CALL FOR HELP

Send for emergency medical assistance (ambulance, doctor).

2. POSITION PATIENT SAFELY

Do not allow them to stand and never leave them alone.

3. 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 10kg (or if weight is unknown), use dose chart:

AGE	DOSE
<2 years	100 mcg (0.1 mL)
2–4 years	200 mcg (0.2 mL)

AGE	DOSE
5–11 years	300 mcg (0.3 mL)
12 years and over	500 mcg (0.5 mL)

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.

4. BE PREPARED TO COMMENCE AGE APPROPRIATE CPR*

If needed.

5. ADMINISTER OXYGEN

If available.

If there is respiratory distress, stridor, or wheeze, use high flow rates.

6. 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.

7. ADMIT PATIENT TO HOSPITAL

All cases of anaphylaxis should be admitted to hospital for observation.

Rebound anaphylaxis can occur 12–24 hours after the initial episode.

**Note, a current Resuscitation certificate is required covering the skills outlined in Appendix 4.2 Immunisation Handbook.*

The Immunisation Advisory Centre