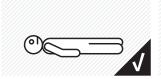
## **Management of Anaphylaxis**

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

## **ASSESS**

- Airway: swelling, hoarseness, noisy breathing (stridor)
- · Breathing: fast, wheeze, cyanosis, fatigue, confusion
- · Circulation: 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.
- 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.

