

Anaphylaxis Immediate Management

Adult (16 years and over)

Clinical features

Severe allergic reaction leading to acute onset:

- Stridor, Throat or Tongue swelling OR
- 'Asthma', wheeze OR
- Low Blood Pressure, Collapse
- +/- Rash, Abdominal pain, Vomiting



If in **CARDIAC ARREST**

Immediate CPR and Refer to ALS (Adult) Algorithm

GET HELP

Call Emergency Response or Triple Zero (000)

STOP TRIGGER

Cease Infusion

POSITION

- Lay patient flat OR
- Sit if difficulty breathing



Give **IM ADRENALINE** (Epinephrine) (1 mg/mL)

0.5 mg = 0.5 mL IM

REPEAT every 5 minutes if not improving

All cases:

High-flow **OXYGEN**

Large bore **IV ACCESS**

Assess **ABC**, Monitor and consider other therapies:

A

AIRWAY
swelling or stridor

- Call for Airway Assistance
- Repeat IM Adrenaline every 5 min prn

B

BRONCHOSPASM
wheeze

- Repeat IM Adrenaline every 5 min prn
- Nebulise Salbutamol 5 mg

C

HYPOTENSION

- 1 litre 0.9% Sodium Chloride IV bolus
- Repeat IM Adrenaline every 5 min prn

REASSESS

No improvement after 2 doses IM adrenaline continue IM dosing,
but where able use IV **Adrenaline Infusion**

Critical Care trained staff – Prepare Adrenaline Infusion

6 mg adrenaline in 100 mL 0.9% Sodium Chloride

Commence 10 mL/hr = 10 mcg/min

If not improving see 'Ongoing Anaphylaxis' overleaf