Anaphylaxis Management

Systemic type I, IgE mediated life-threatening hypersensitivity reaction.

Immediately, get help, call cardiac arrest team on 2222 (tell switch it is a cardiac arrest and the location) and remove allergen

1. Airway
   - Secure airway

2. Breathing
   - **Adrenaline 0.5mg IM** (0.5ml of 1in1000); repeat every 5mins, up to 3 times
     *NB. the injections come as 1ml, so dispose of 0.5ml before injecting*
   - Attach 15L/min oxygen
   - If wheeze, salbutamol 5mg NEB

3. Circulation
   - Secure IV access (2 large-bore IV cannulae)
   - **IV fluids** 500ml crystalloid over 15 mins initially or 1L STAT if hypotensive (may need up to 4-8L IV fluids – give as fast as needed and titrate to BP)
   - **Hydrocortisone 200mg IV**
   - **Chlorpheniramine 10mg IV**

4. Further short term management
   - Admit for observation (at least 6 hours post-adrenaline)
   - Continue prednisolone 30-40mg 3-5 day course
   - Continue chlorpheniramine 4mg/6h PO if itching
   - Monitor ECG
   - Further IV fluids if required
   - Document event and allergy
   - Consider taking mast cell tryptase to confirm anaphylaxis (must be done ASAP)

5. Longer term management
   - Medic alert bracelet
   - Teach about self-injected adrenaline (Epipen)
   - Refer to allergy clinic ± skin prick tests to identify allergens if unknown
   - Clinical incident form if given allergic antibiotic