

ANAPHYLAXIE



Anaphylactic reaction?

Airway, Breathing, Circulation, Disability, Exposure

Diagnosis - look for:

- Acute onset of illness
- Life-threatening Airway and/or Breathing and/or Circulation problems¹
- And usually skin changes

- **Call for help**
- Lie patient flat with raised legs (if breathing allows)

Adrenaline²

When skills and equipment available:

- Establish airway
- High flow oxygen
- IV fluid challenge³
- Chlorphenamine⁴
- Hydrocortisone⁵

Monitor:

- Pulse oximetry
- ECG
- Blood pressure

¹ **Life-threatening problems:**

Airway: swelling, hoarseness, stridor

Breathing: rapid breathing, wheeze, fatigue, cyanosis, SpO₂ < 92%, confusion

Circulation: pale, clammy, low blood pressure, faintness, drowsy/coma

² **Adrenaline** (give IM unless experienced with IV adrenaline)

IM doses of 1:1000 adrenaline (repeat after 5 min if no better)

- Adult 500 microgram IM (0.5 mL)
- Child more than 12 years 500 microgram IM (0.5 mL)
- Child 6-12 years 300 microgram IM (0.3 mL)
- Child less than 6 years 150 microgram IM (0.15 mL)

Adrenaline IV to be given **only by experienced specialists**

Titrate: Adults 50 mcg; Children 1 mcg kg⁻¹

³ **IV fluid challenge** (crystalloid):

- Adult 500 - 1000 mL
- Child 20 mL kg⁻¹

Stop IV colloid if this might be the cause of anaphylaxis

⁴ **Chlorphenamine**

(IM or slow IV)

- Adult or child more than 12 years 10 mg
- Child 6 - 12 years 5 mg
- Child 6 months to 6 years 2.5 mg
- Child less than 6 months 250 mcg kg⁻¹

⁵ **Hydrocortisone**

(IM or slow IV)

- Adult or child more than 12 years 200 mg
- Child 6 - 12 years 100 mg
- Child 6 months to 6 years 50 mg
- Child less than 6 months 25 mg

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