



Recognition & management of Anaphylaxis Training Handout

For more detailed information please visit
<http://www.back2life.co.uk/resources.php>

References/ Resources

Resuscitation council UK - <http://www.resus.org.uk>

Anaphylaxis campaign - <http://www.anaphylaxis.org.uk>

Epipen information - <http://www.epipen.co.uk/>

Anapen information - <http://www.anapen.co.uk/>

Definition of Anaphylaxis

Anaphylaxis is a severe, life-threatening, generalised or systemic hypersensitivity reaction.

This is characterised by rapidly developing life-threatening airway and/or breathing and/or circulation problems usually associated with skin and mucosal changes.

Anaphylaxis Triggers

Some Causes	Some examples
Insect venom	Bees, wasps
Food	Nuts, legumes, eggs, fish, shellfish, dairy, fruit,
Drugs	Antibiotics, anaesthetics, NSAIDS, opiates, vaccines
Latex	Gloves, dressings, compression hosiery, condoms, syringes, balloons
other	Contrast media, hair dyes, idiopathic

Diagnosing Anaphylaxis

Anaphylaxis is likely when all of the following 3 criteria are met:

- Sudden onset and rapid progression of symptoms
- Life-threatening Airway and/or Breathing and/or Circulation problems
- Skin and/or mucosal changes (flushing, urticaria, angioedema)

The following supports the diagnosis:

- Exposure to a known allergen for the patient

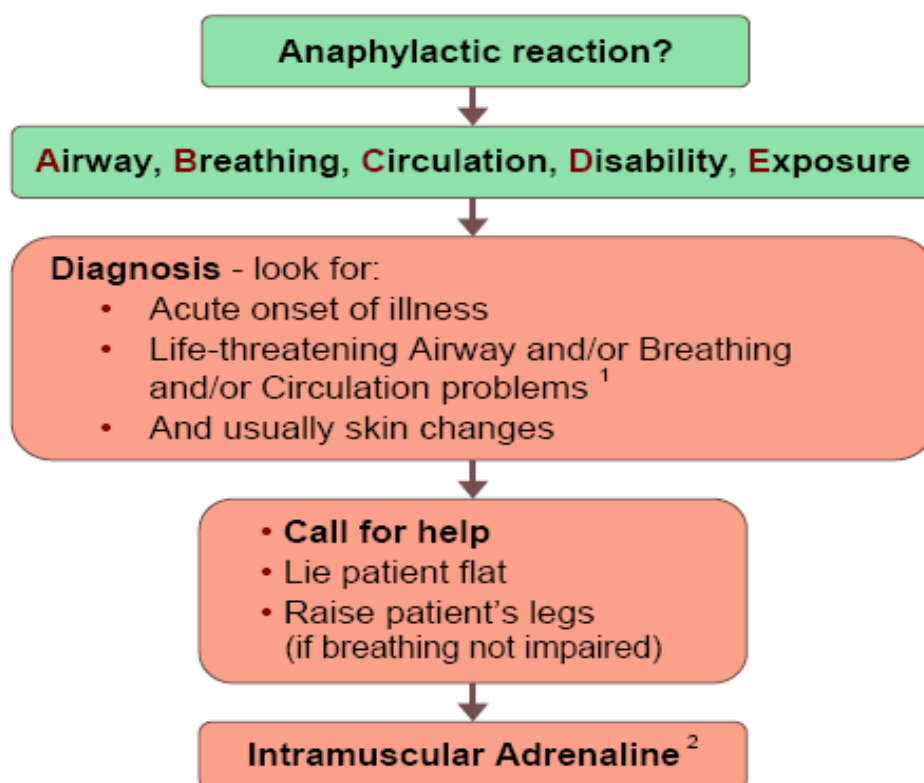
Remember:

- Skin or mucosal changes alone are not a sign of an anaphylactic reaction
- Skin and mucosal changes can be subtle or absent in up to 20% of reactions (some patients can have only a decrease in blood pressure, i.e., a Circulation problem)
- There can also be gastrointestinal symptoms (e.g. vomiting, abdominal pain, incontinence)

Assessment - ABCDE approach

ABCDE	
Airway	Assess for signs of obstruction, Treat airway obstruction as an emergency, Give high concentrations of oxygen
Breathing	Look, listen and feel for signs of respiratory distress, Count respiratory rates, Give high concentrations of oxygen
Circulation	Assess for signs of shock Measure vital signs/ capillary refill, Lay them flat and raise the legs – where possible, If applicable – cannulation and IV fluid challenge
Disability	Assess the level of consciousness AVPU Assess blood glucose – where possible Consider the recovery position if unconscious
Exposure	Assess for skin and mucosal changes if appropriate Minimise heat loss, Maintain dignity

Anaphylactic reactions – Initial treatment



1 Life-threatening problems:

Airway: swelling, hoarseness, stridor

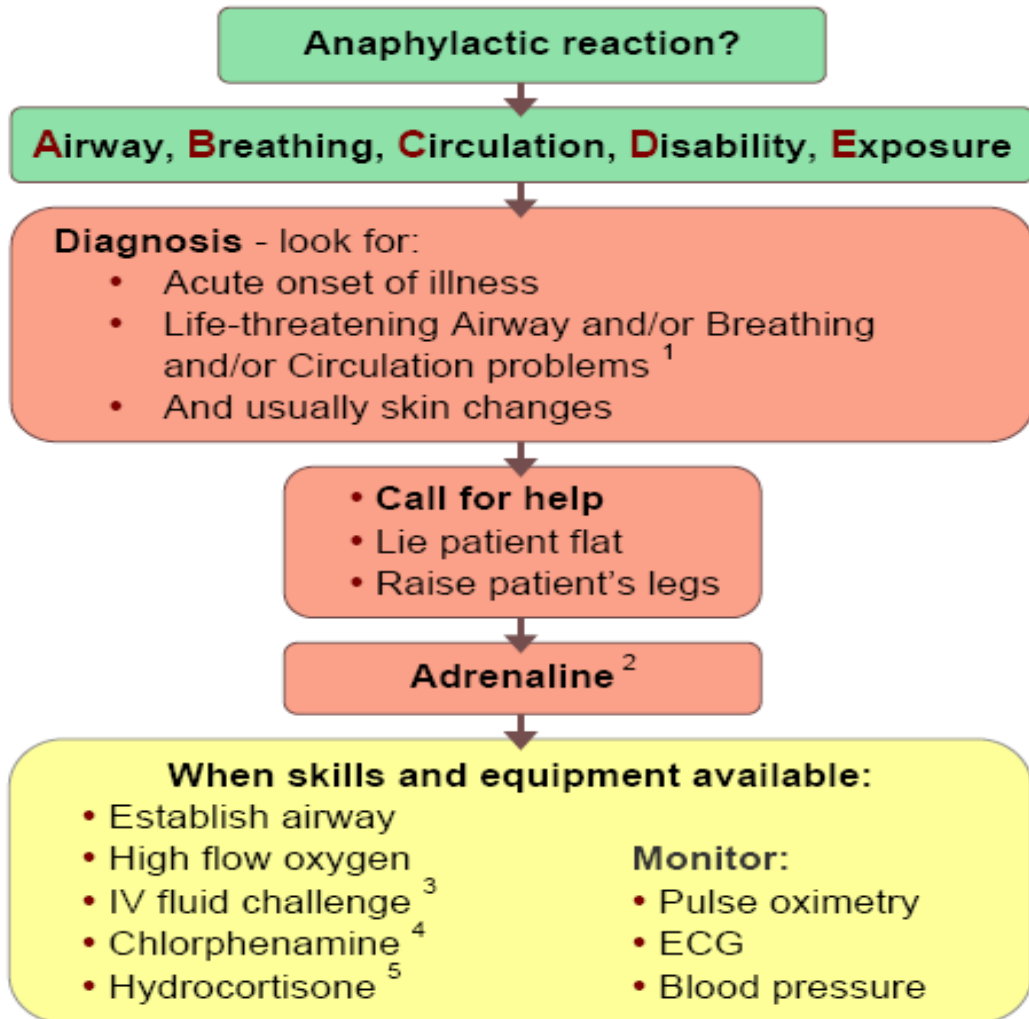
Breathing: rapid breathing, wheeze, fatigue, cyanosis, SpO₂ < 92%, confusion

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

2 Intramuscular Adrenaline

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

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



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

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

Titrate: Adults 50 micrograms; Children 1 microgram/kg

3 IV fluid challenge:

Adult - 500 – 1000 mL
 Child - crystalloid 20 mL/kg

Stop IV colloid if this might be the cause of anaphylaxis

4 Chlorphenamine
(IM or slow IV)

Adult or child more than 12 years
 Child 6 - 12 years
 Child 6 months to 6 years
 Child less than 6 months

10 mg
 5 mg
 2.5 mg
 250 micrograms/kg

5 Hydrocortisone
(IM or slow IV)

200 mg
 100 mg
 50 mg
 25 mg