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Anaphylaxis


Emergency Drug & Fluid Calculator

Assessment

Life threatening features


Print version

- Stridor due to laryngeal and pharyngeal oedema (tongue, lips and uvula)
- Cough and wheeze due to bronchospasm
- Hypotension due to systemic vasodilation and hypovolaemia (capillary leak)

Associated features

- Urticaria and pruritus
- Nausea, vomiting, abdominal cramps & diarrhoea

Management

Adrenaline is the mainstay of treatment

Adrenaline

- 0.01 ml/kg of 1 in 1000 or
- 0.1 ml/kg of 1 in 10,000
- s.c./i.m. or slow i.v.

Improvement should be seen within 2 minutes- repeat if effect incomplete

Airway / Breathing

- Nebulised adrenaline 0.5 ml of 1% may be used in conjunction with i.v. or alone for isolated mild upper airway obstruction.
- Oxygen by mask
- Intubate if obstruction is severe

Circulation

- IV access with large bore cannula
- Treat hypotension with normal saline 20 ml/kg.
- If hypotension continues give further colloid boluses of 10 ml/kg, and repeat adrenaline dose

Supplemental treatment

- Admit all patients with anaphylaxis, as deterioration may occur 12 hours post initial episode
- Steroids: methylprednisolone 1 mg/kg i.v.
- Antihistamine: promethazine 1.0 mg/kg/dose (max. 25 mg) orally or i.v. (slow) for symptomatic relief of urticaria
- All patients with anaphylaxis need follow up in General Medical outpatients

Notes

- Anaphylaxis is a systemic allergic reaction mediated by IgE antibody, resulting in the release of histamine, leukotrienes and vasoactive mediators.
- The commonest aetiologies are specific environmental allergens eg. food, insect bites, drugs, blood products and radiocontrast media.
- Most reactions occur within 30 minutes of exposure

Resources

- Emergency Allergy Care Plan (for school, kinder, etc)
- Instructions for Epipen
- Create an alert on the Emergency Dept system
- Medicalert bracelet

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