Anaphylactic reaction?

Assess using ABCDE approach

Diagnosis - look for:
- Acute onset of illness
- Life-threatening Airway and/or Breathing and/or Circulation problems
- And usually skin changes

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

Adrenaline

When skills and equipment available:
- Establish airway
- High flow oxygen
- IV fluid challenge
- Chlorphenamine
- Hydrocortisone

Monitor:
- Pulse oximetry
- ECG
- Blood pressure

Adrenaline (give IM unless experienced with IV adrenaline)
IM doses of 1:1000 adrenaline (repeat after 5 min if no better)
- Adult 500 mcg IM (0.5 mL)
- Child more than 12 years 300 mcg IM (0.3 mL)
- Child 6-12 years 150 mcg IM (0.15 mL)

Adrenaline IV to be given only by experienced specialists
Titrates: Adults 50 mcg; Children 1 mcg kg⁻¹

When skills and equipment available:
- Establish airway
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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 mcg IM (0.5 mL)
   - Child more than 12 years 300 mcg IM (0.3 mL)
   - Child 6-12 years 150 mcg IM (0.15 mL)

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 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 200 mg
   - Child 100 mg
   - Child 50 mg
   - Child less than 6 months 25 mg