Anaphylaxis

**When able**
- Monitor HR, BP, RR, SpO₂
- Give O₂
- Support airway
- IV access - adults + hypotensive children

**If hypotensive**
- Give IV sodium chloride 0.9% 20 mL/kg **RAPIDLY**

**Adrenaline (epinephrine) doses**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Weight (kg)</th>
<th>Adrenaline 1:1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>&lt; 7.5</td>
<td>0.1 mL</td>
</tr>
<tr>
<td>1–2</td>
<td>10</td>
<td>0.15 mL</td>
</tr>
<tr>
<td>2–3</td>
<td>15</td>
<td>0.2 mL</td>
</tr>
<tr>
<td>4–6</td>
<td>20</td>
<td>0.3 mL</td>
</tr>
<tr>
<td>7–10</td>
<td>30</td>
<td>0.4 mL</td>
</tr>
<tr>
<td>10–12</td>
<td>40</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>&gt; 12–adult</td>
<td>&gt; 50</td>
<td></td>
</tr>
</tbody>
</table>

**Additional measures MO/NP may consider**
- Adrenaline (epinephrine) infusion - on advice of emergency medicine/critical care specialist
- If upper airway obstruction - nebulised adrenaline (epinephrine) ± intubation/cricothyrotomy
- If persistent hypotension/shock - sodium chloride 0.9% (max. 50 mL/kg in first 30 minutes)
- If persistent wheeze - bronchodilators, prednisolone or hydrocortisone

**For detailed management, see Anaphylaxis, p. 82**

**IMMEDIATE ACTION**
- Remove allergen if still present
- Call for help
- Lay patient flat - do not allow to stand

Give intramuscular ADRENALINE (EPINEPHRINE) without delay
Deep IM into outer mid-thigh
Repeat 5 minutey as needed

- CPR if needed

**ANY ONE of the following could indicate anaphylaxis**
- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking/hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Vomiting and/or abdominal pain - for insect stings/bites

**Any acute onset:** hypotension, bronchospasm or upper airway obstruction, OR illness with skin features + respiratory/cardiovascular or persistent severe GI symptoms