Anaphylaxis¹

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 collan
- 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

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 minutely as needed

• CPR if needed

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		
Age (years)	Weight (kg)	Adrenaline 1:1,000
<1	₹7.5	0.1 mL
1-2	10	
2-3	15	0.15 mL
4-6	20	o.2 mL
7-10	30	0.3 mL
10-12	40	o.4 mL
> 12-adult	> 50	o.5 mL

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 o.9% (max. 50 mL/kg in first 30 minutes)
- If persistent wheeze bronchodilators, prednisolone or hydrocortisone