Anaphylaxis

Assess for:

Upper airway obstruction
(stridor, oral swelling)
or
Lower airway obstruction
(wheeze, respiratory distress)
or
Shock
(dizziness, pale, clammy, **low BP**)
+/-
Skin changes
(Itchy rash / redness)

Call for help
Remove trigger/causative agent
Position flat or sitting, not walking or standing

Cardiac arrest?

NO

Adrenaline IM
Use auto injector if available
(preferred injection site upper outer thigh)
Adults: 0.5mg (0.5mL of 1:1,000)
Children: 10mcg/kg (0.01mL/kg of 1:1,000)
(min dose 0.1mL, max dose 0.5mL)
Repeat every 5 minutes as needed

Monitor: SpO_2, ECG, BP
Give high flow oxygen
Obtain IV access
For shock:
0.9% sodium chloride rapid infusion
Adults: 1,000mL
Children: 10mL/kg

RESOLVED

Observe at least 4 hours
Monitor vital signs, reassess ABC

Consider steroids as an adjunct to adrenaline to treat refractory shock or bronchospasm.

Consider antihistamines to treat angioedema, urticaria and pruritus once stabilised.

NOT RESOLVED

Call for specialist advice and transfer to a critical care setting
Consider:

- Further 0.9% sodium chloride
- Nebulised adrenaline for upper airway obstruction
- Adrenaline infusion
- Nebulised salbutamol for bronchospasm

If no improvement despite 2 appropriate doses of IM adrenaline refer to refractory anaphylaxis algorithm

YES

Refer to **ALS** algorithm

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AUSTRALIAN RESUSCITATION COUNCIL
NEW ZEALAND Resuscitation Council
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