# Anaphylaxis

## Assess for:

**Upper airway obstruction**
(stridor, oral swelling)
or
**Lower airway obstruction**
(wheeze, respiratory distress)
or
**Shock**
(dizziness, pale, clammy)

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

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## 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**

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Attach cardiac monitoring
High flow oxygen
IV access
**For shock:**
**0.9% saline rapid infusion**
**Adults: 1,000mL**
**Children: 20mL/kg**

→ **RESOLUTION** →

**Observe (4 hours min)**

Monitor vital signs, reassess ABC

Consider **steroids** and oral **antihistamine**

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**YES** →

**Refer Advanced Life Support algorithm**

**Call for specialist advice**
**Consider:**

- Transfer to advanced care setting
- Further 0.9% saline
- Nebulised **adrenaline** for upper airway obstruction
- **Adrenaline** infusion
- Inotropic support
- Nebulised **salbutamol** for lower airway obstruction



ANZCOR
Australian and New Zealand Committee on Resuscitation