Anaphylaxis

Assess for:
- Upper airway obstruction (stridor, oral swelling)
- Lower airway obstruction (wheeze, respiratory distress)
- Shock (dizziness, pale, clammy)

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

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

YES

Refer Advanced Life Support algorithm

Observe (4 hours min)
- Monitor vital signs, reassess ABC
- Consider steroids and oral antihistamine

RESOLUTION

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

Reviewed August 2023