Anaphylaxis Immediate Management
Adult (16 years and over)

Clinical features
Severe allergic reaction leading to acute onset:
• Stridor, Throat or Tongue swelling OR
• ‘Asthma’, wheeze OR
• Low Blood Pressure, Collapse
• +/- Rash, Abdominal pain, Vomiting

If in CARDIAC ARREST
Immediate CPR and Refer to ALS (Adult) Algorithm

GET HELP
Call Emergency Response or Triple Zero (000)

STOP TRIGGER
Cease Infusion

POSITION
• Lay patient flat OR
• Sit if difficulty breathing

Give IM ADRENERALINE (Epinephrine) (1 mg/mL)
0.5 mg = 0.5 mL IM
REPEAT every 5 minutes if not improving

All cases:
High-flow OXYGEN
Large bore IV ACCESS

Assess ABC, Monitor and consider other therapies:

A
AIRWAY
swelling or stridor
• Call for Airway Assistance
• Repeat IM Adrenaline every 5 min prn

B
BRONCHOSPASM
wheeze
• Repeat IM Adrenaline every 5 min prn
• Nebulise Salbutamol 5 mg

C
HYPOTENSION
• 1 litre 0.9% Sodium Chloride IV bolus
• Repeat IM Adrenaline every 5 min prn

REASSESS
No improvement after 2 doses IM adrenaline continue IM dosing, but where able use IV Adrenaline Infusion

Critical Care trained staff – Prepare Adrenaline Infusion
6 mg adrenaline in 100 mL 0.9% Sodium Chloride
Commence 10 mL/hr = 10 mcg/min

If not improving see ‘Ongoing Anaphylaxis’ overleaf