Anaphylaxis

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The mainstay of treatment for anaphylaxis remains adrenalin, IV fluids and oxygen. The protocol has been made to be consistent with that described in the immunisation handbook as this is likely to have been a source of refresher training for many practitioners.

Early recognition of anaphylaxis is probably crucial to good outcomes, so more details of signs and symptoms have been included than were in the third edition of the STM.

In this protocol the aim is to ask someone else to call for help and for the 'ABC' to be done immediately. IV fluids should be given as a bolus of 20mls per kilo of Haemacel or N saline. It should be noted that a tachycardia does not preclude the giving of adrenalin, as people are often reluctant to give adrenalin if pulse is greater than 120. But the tachycardia is a sign of the severity of the anaphylaxis and actually indicates that adrenalin is needed. The tachycardia often settles after adrenalin is given.

If hydrocortisone is being given IV then the Phenergan should be given IV also. The dose is the same IVI as IMI (0.5 mg/kg/dose).

All patients who need adrenalin must be sent to hospital. This is in case of relapse of the reaction after initial response to adrenaline and detailed assessment of the likely cause.

IV adrenaline has been removed from the protocol in favour of repeated IMI adrenaline. This is because people may wast time trying to get IV access in a person who needs adrenaline quickly and because IV adrenaline is probably more likely to cause over stimulation of the myocardium and infarct. Royal Darwin Hospital has had this occur with IV adrenaline (personal communication, Dr Didier Palmer, director RDH A&E). IVI adrenaline is not part of the Immunisation Handbook protocol.

One ml syringes have been recommended rather than insulin syringes or tuberculin syringes to try to save on confusion, though the dose has been provided in 'units' as well.

Insulin syringes do not have removable needles, and the ones provided may not be long enough for deep IM injection in other than the most lean people.

We believe that the two things that are likely to have the greatest impact on outcomes in anaphylaxis management (rather than any difference in IMI vs IV administration of adrenaline) will be:

- Having an anaphylaxis kit available when and where you need it
- Recognising the need to use it.

References

National Guideline Clearinghouse. The Management and treatment of anaphylaxis June 1998.
Rosen et al. Emergency Medicine. 4th edition. 2000.
NHMRC. The Australian Immunisation handbook. 7th edition.