Refractory Anaphylaxis in Adults - Summary Clinical Guideline

Reference no.: CG-T/2023/011

Refractory anaphylaxis is defined as anaphylaxis requiring ongoing treatment (due to persisting respiratory or cardiovascular symptoms) despite two appropriate doses of IM adrenaline. When refractory anaphylaxis occurs critical care support should be sought early.

Maintenance adrenaline therapy is critical, using a low dose IV adrenaline infusion. IV adrenaline should be given only by experienced specialists in an appropriate setting. If an IV adrenaline infusion cannot be administered immediately continue to give IM adrenaline after every 5 minutes while life threatening cardiovascular and respiratory features persist.

Adrenaline therapy should be supported with fluid resuscitation. Give further fluids as necessary. A large volume (up to 3-5 litres in adults) may be required for severe anaphylactic shock.

SEE ACCOMPANYING SUMMARY CLINICAL GUIDELINE FOR MANAGEMENT OF ANAPHYLAXIS IN ADULTS.

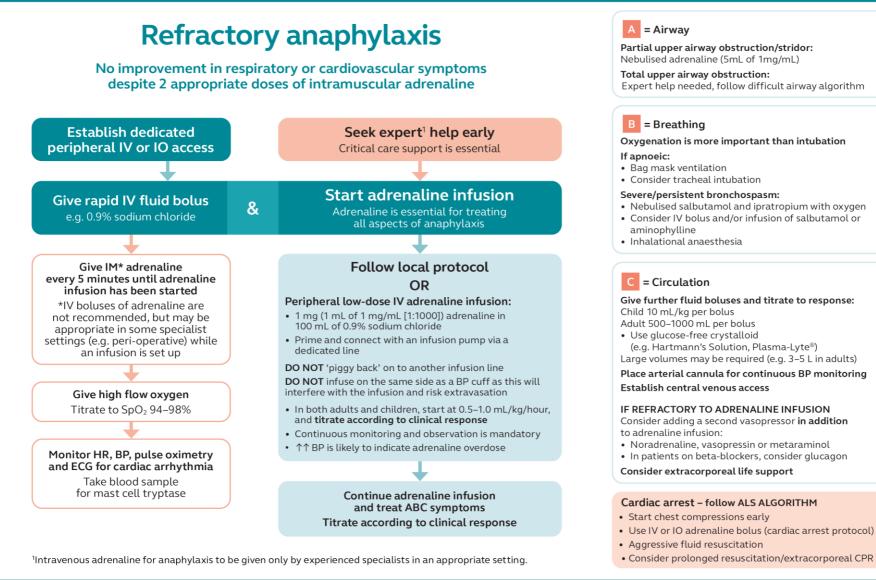
Please refer to the full clinical guideline for further management, including tryptase measurement, adrenaline autoinjector prescription, safe discharge and referral to the Adult Allergy Clinic.



Figure 2: Resuscitation Council UK Treatment Algorithm for Refractory Anaphylaxis **Resuscitation GUI**

Council UK

GUIDELINES



Reference no.: CG-T/2014/011



Data of reaction:

Suspected Anaphylaxis Referral Form (Adults)*

*Anaphylaxis caused exclusively by a drug should be							
referred to a regional drug allergy clinic							
(QMC/Glenfield/Birmingham Heartlands). DO NOT refer							
to general allergy clinic. Please see guidelines.							

Patient	nar	ne	:																•••	•••				
ID/NHS	nu	mb	er	:							•••	• • •						•						
DOB:				••••									•••			-	• • •							•
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Deferrel cource:

Symptoms and clinical signs:	
Emergency treatment delivered:	

Possible trigger (state if unknown):

Management of patients meeting criteria for Suspected Anaphylaxis	Tick when complete
Tryptase sample on arrival*	
Second tryptase sample 1-2 hours later*	
Adrenaline auto-injector x2 dispensed	
Advice and guidance given (see below)	
*not later than 4 hours post reaction	

Advice on Discharge for Patients with Suspected Anaphylaxis

- 1. Explain the symptoms of anaphylaxis
- 2. Provide the patient with <u>two</u> adrenaline auto-injectors (<u>unless certain anaphylaxis was exclusively</u> <u>due to a drug reaction</u>)
- 3. Show them how to use it and signpost to company on-line training videos
- 4. When to use it (wheeze, SOB, throat closure, feeling faint, abdominal pain or vomiting in presence of other allergic symptoms)
- 5. What to do if anaphylaxis occurs (print appendix 2: MHRA "Correct use of your AAI" leaflet)
- 6. Risk of a biphasic reaction
- 7. Trigger avoidance if relevant
- 8. Offer referral to RDH Allergy clinic and advise them of the following patient support group: Anaphylaxis UK (http://www.anaphylaxis.org.uk/)

Please email a completed referral to dhft.RespiratorySecretaries@nhs.net or send in the post to the Respiratory Secretaries, Medicine Office Suite A, Off Ward 408, Level 4, RDH. Burton site referrals: please enclose copies of the ED notes and ambulance paperwork. Referrals without adequate clinical information will be returned.