

Anaphylaxis In Adults - Summary Clinical Guideline

Reference no.: CG-T/2023/011

Anaphylaxis is a potentially life threatening reaction which usually occurs in response to exposure to an allergen against which the patient has IgE antibodies. Symptoms evolve within minutes to a few hours of exposure and can be rapidly progressive. The Resuscitation Council UK treatment algorithm below shows how to recognise and treat anaphylaxis. **SEE ACCOMPANYING SUMMARY CLINICAL GUIDELINE FOR MANAGEMENT OF REFRACTORY ANAPHYLAXIS IN ADULTS.**

Note that in anaphylaxis caused by insect stings or drugs, shock may be the main presenting feature.

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



Anaphylaxis

Anaphylaxis?

A = Airway **B** = Breathing **C** = Circulation **D** = Disability **E** = Exposure

Diagnosis – look for:

- Sudden onset of Airway and/or Breathing and/or Circulation problems¹
- And usually skin changes (e.g. itchy rash)

Call for HELP

Call resuscitation team or ambulance

- Remove trigger if possible (e.g. stop any infusion)
- Lie patient flat (with or without legs elevated)
 - A sitting position may make breathing easier
 - If pregnant, lie on left side



Give intramuscular (IM) adrenaline²

Inject at anterolateral aspect – middle third of the thigh



- Establish airway
- Give high flow oxygen
- Apply monitoring: pulse oximetry, ECG, blood pressure

If no response:

- Repeat IM adrenaline after 5 minutes
- IV fluid bolus³

If no improvement in Breathing or Circulation problems¹ despite TWO doses of IM adrenaline:

- Confirm resuscitation team or ambulance has been called
- Follow REFRACTORY ANAPHYLAXIS ALGORITHM

1. Life-threatening problems

Airway

Hoarse voice, stridor

Breathing

↑work of breathing, wheeze, fatigue, cyanosis, SpO₂ <94%

Circulation

Low blood pressure, signs of shock, confusion, reduced consciousness

2. Intramuscular (IM) adrenaline

Use adrenaline at 1 mg/mL (1:1000) concentration

Adult and child >12 years: 500 micrograms IM (0.5 mL)

Child 6–12 years: 300 micrograms IM (0.3 mL)

Child 6 months to 6 years: 150 micrograms IM (0.15 mL)

Child <6 months: 100–150 micrograms IM (0.1–0.15 mL)

The above doses are for IM injection **only**.

Intravenous adrenaline for anaphylaxis to be given **only by experienced specialists** in an appropriate setting.

3. IV fluid challenge

Use crystalloid

Adults: 500–1000 mL

Children: 10 mL/kg

Patient name:
ID/NHS number:
DOB:
Address:.....
.....
.....

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.*

Date of reaction:

Referral source:

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 **two** adrenaline auto-injectors (unless certain anaphylaxis was exclusively due to a drug reaction)
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.**