

SIM NEWS - Issue 3 - ANAPHYLAXIS

24 year old Al Argy took a chance on his housemate's curry and instantly regretted it! He couldn't find his EpiPen so came to ED straight away...

January 2021

Anaphylaxis

Severe, LIFE THREATENING allergy reaction

- Acute onset
- Skin/mucosal changes
- Life threatening ABC compromise
 - A - Throat/tongue swelling/stridor
 - B - SOB/wheeze/confusion
 - C - shock/tachycardia/hypotension

(NB - tongue swelling/rash alone ≠ anaphylaxis!)

Typical triggers

Drugs - antibiotics, NSAIDs

Food - nuts, shellfish

Insects - bites/stings



Treatment

- High flow O₂
- IM adrenaline **500mcg 1:1000** (NOT 10ml minijet)
- IV access - fluid bolus, chlorphenamine 10mg, hydrocortisone 200mg
- Sit up if breathless, lie flat if hypotension/shock
- After 5 minutes → repeat adrenaline

Age	Adrenaline 1:1000	Chlor'mine	Hydrocort
Adult (>12yr)	500mcg (0.5ml) IM	10mg	200mg
Child 6-12y	300mcg (0.3ml) IM	5mg	100mg
Child <6 yr	150mcg (0.15ml) IM	2.5mg	50mg
Infant < 6 m		250mcg/kg	25mg

Increased mortality if adrenaline delayed

Other things

- Mast cell tryptase (gel bottle) - ASAP, 1-2hr & 24hr
- Make sure no ongoing exposure to allergen (e.g stop abx)
- Beware the biphasic reaction
- Observe for ≥6hr post reaction



If airway compromise - anaesthetics

- ET tube / surgical airway

Non clinical Learning Points

Communication - specific requests

“Some adrenaline” → “Please get and administer 500mcg IM adrenaline”

Nurses can give first dose adrenaline

If concerned re anaphylaxis, can give before doctor assesses patient

Announce the emergency

“Cannot ventilate, cannot intubate” - so that all team members aware of situation - prompts next actions

Emergency airway checklist!!

On EMBeds - checklist to ensure appropriate preparation for intubation

Resources

[Resus council](#)

[EMBEDs - intubation checklist](#)