

Allergic Reactions including Anaphylaxis (Adults)

Quickly remove from trigger if possible e.g. environmental, infusion etc.
DO NOT delay definitive treatment if removing trigger not feasible

Assess ABCDE

If **TIME CRITICAL** features present - correct **A** and **B** and transfer to nearest appropriate receiving hospital.
Provide an alert/information call

Consider mild/moderate allergic reaction if:
onset of illness is minutes to hours
AND
cutaneous findings e.g. urticaria and /or angio-oedema

Consider chlorphenamine
(refer to chlorphenamine guideline)

Consider anaphylaxis if:
Sudden onset and rapid progression
Airway and/or **Breathing problems** (e.g. dyspnoea, hoarseness, stridor, wheeze, throat or chest tightness)
and/or **Circulation** (e.g. hypotension, syncope, pronounced tachycardia)
and/or **Skin** (e.g. erythema, urticaria, mucosal changes) problems

Administer high levels of supplementary oxygen and aim for a target saturation within the range of 94–98%
(refer to oxygen guideline)

Administer adrenaline (IM only)
(refer to adrenaline guideline)

If haemodynamically compromised consider fluid therapy
(refer to fluid therapy guideline)

Consider chlorphenamine
(refer to chlorphenamine guideline)

Consider administering hydrocortisone
(refer to hydrocortisone guideline)

Consider nebulised salbutamol for bronchospasm (refer to salbutamol guideline)

Monitor and re-assess ABC.
Monitor ECG, PEFR (if possible), BP and pulse oximetry en-route

Figure 3.7 – Allergic reactions including anaphylaxis algorithm.