Aims

- To outline indications for transfer of patients with anaphylaxis
- To outline treatment regimens for anaphylaxis

Background

Anaphylaxis presents acutely and may progress rapidly to airway compromise.

Application

All EMRS clinical staff
SAS Paramedics

Patients appropriate for EMRS activation / Policy

- Patients with airway compromise
- Patients who are unstable after initial management

Recognition

- Anaphylaxis is a multi-system hypersensitivity reaction.
- A high index of suspicion is required
- Early features may include urticaria, rash, vomiting and abdominal pain.
- Triggers may include drugs (antibiotics, NSAIDS) foods (nuts, shellfish), hymenoptera stings and latex (in up to 20% no trigger is identified)
Differential diagnoses

Consider, severe asthma, angio-oedema, vaso-vagal episode
Major problems may develop with:

| A | airway swelling, laryngeal oedema, progressing to obstruction |
| B | bronchospasm |
| C | tachycardia and hypotension from vasogenic shock |
| D | confusion, agitation |

Advice to GP prior to team arrival (patients > 12 years old)

- High flow oxygen
- Adrenaline im. 500 microgram (0.5 ml of 1:1,000) can be repeated in 5 minutes
- Monitoring
- Intravenous access
- If airway swelling consider nebulised adrenaline, 5mg in 5 ml
- Nebulise salbutamol 5mg or ipratropium 0.5 mg if wheezy
- Chlorphenamine 10 mg slow iv.
- Hydrocortisone 200 mg iv.

Medical management on scene;

If initial measures fail to stabilise the patient consider;
- intravenous fluids,
- insertion of an arterial line (NB coagulopathy may be a feature)
- intravenous adrenaline therapy, 0.5 ml 1:10,000 (50 microgram) titrated to response, an infusion may be needed
- early airway protection may be required as intervention during transfer is limited
- consider additional bronchodilators (magnesium, aminophylline)

Investigation

10 ml clotted blood samples for mast cell tryptase, immediately, at c.1 hour and at 24 hours

Triage; Local DGH, check ICU bed availability first if required

Guidelines

- AAGBI, Suspected anaphylactic reactions associated with anaesthesia (2009)
- AAGBI, Management of suspected anaphylaxis drill (2009)
- BNF, section 3.4.3
- NICE CG 134