

## Anaphylaxis Management Proforma

Please attach addressograph

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Hospital number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Consultant: \_\_\_\_\_

**Suspected allergen:** \_\_\_\_\_

**Reaction (please tick all applicable symptoms):**

Mild-moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Severe reaction:

AIRWAY	BREATHING	CONSCIOUS LEVEL
<ul style="list-style-type: none"> <li>• Persistent cough <input type="checkbox"/></li> <li>• Hoarse voice <input type="checkbox"/></li> <li>• Difficulty swallowing <input type="checkbox"/></li> <li>• Swollen tongue <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Difficult or noisy breathing <input type="checkbox"/></li> <li>• Wheeze or persistent cough <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Persistent dizziness <input type="checkbox"/></li> <li>• Pale or floppy <input type="checkbox"/></li> <li>• Suddenly sleepy <input type="checkbox"/></li> <li>• Collapse/unconscious <input type="checkbox"/></li> </ul>

If the patient has had a **mild-moderate reaction**, please supply **antihistamine only** and issue information leaflet *'Food labelling & 'May Contain' Products'*

If the patient has had any features of a **severe reaction**, please manage as per the following advice.

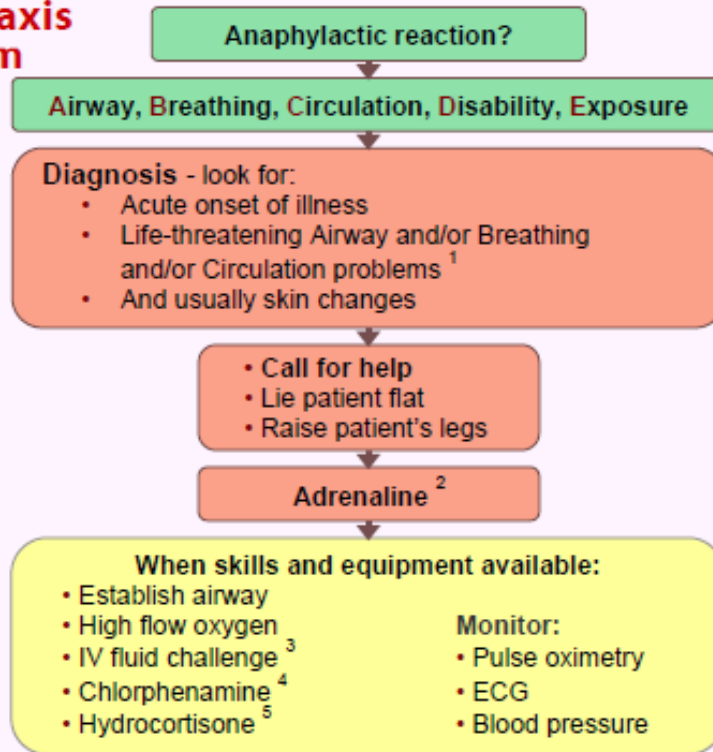


# Resus Council UK Anaphylaxis Algorithm



Resuscitation Council (UK)

## Anaphylaxis algorithm



### 1 Life-threatening problems:

**Airway:** swelling, hoarseness, stridor  
**Breathing:** rapid breathing, wheeze, fatigue, cyanosis, SpO<sub>2</sub> < 92%, confusion  
**Circulation:** pale, clammy, low blood pressure, faintness, drowsy/coma

### 2 Adrenaline (give IM unless experienced with IV adrenaline)

IM doses of 1:1000 adrenaline (repeat after 5 min if no better)

- Adult 500 micrograms IM (0.5 mL)
- Child more than 12 years: 500 micrograms IM (0.5 mL)
- Child 6 -12 years: 300 micrograms IM (0.3 mL)
- Child less than 6 years: 150 micrograms IM (0.15 mL)

Adrenaline IV to be given **only by experienced specialists**  
 Titrate: Adults 50 micrograms; Children 1 microgram/kg

### 3 IV fluid challenge:

Adult - 500 – 1000 mL  
 Child - crystalloid 20 mL/kg

Stop IV colloid if this might be the cause of anaphylaxis

### 4 Chlorphenamine

(IM or slow IV)

Adult or child more than 12 years 10 mg  
 Child 6 - 12 years 5 mg  
 Child 6 months to 6 years 2.5 mg  
 Child less than 6 months 250 micrograms/kg

### 5 Hydrocortisone

(IM or slow IV)

200 mg  
 100 mg  
 50 mg  
 25 mg

March 2008

# Guidance for Allergy Prescriptions and Action Plans

## Discharge Proformas

Please provide all patients with relevant copies of the BSACI Allergy Action Plan. Action plans can be downloaded from:

<https://www.bsaci.org/about/download-paediatric-allergy-action-plans>

## Antihistamines

Please prescribe Cetirizine to all patients with allergies.

**Cetirizine** (off licence in under 1 years):

Under 2 years	250micrograms/ kg twice daily
2-5 years	2.5mg twice daily
6-11 years	5mg twice daily
12 years onwards	10mg daily

## Adrenaline Auto-injectors

Adrenaline auto-injectors are produced by 3 different companies:

- EpiPen - produces 0.15mg and 0.3mg devices
- Jext - produces 0.15mg and 0.3mg devices
- Emerade - produces 0.15mg, 0.3mg and 0.5mg devices

Doses are based on patient weight:

If under 25kg	0.15mg device
If over 25kg	0.3mg device

0.5mg devices are reserved for patients who are over 60kg and have failed to respond to 0.3mg devices

**PLEASE SUPPLY 2 DEVICES AT DISCHARGE**

## Prednisolone

Please prescribe prednisolone to reduce the risk of biphasic reaction in patients who:

- Required adrenaline
- Presented with anaphylaxis
- Had severe angioedema
- Had wheeze

Doses:

Under 5 years	20mg daily;	single dose if no asthma once daily for 3 days if the patient has asthma
Over 5 years	30-40mg;	single dose if no asthma once daily for 3 days if the patient has asthma

## What is a biphasic reaction?

Anaphylaxis can occur as monophasic or biphasic reactions, with biphasic reactions occurring in up to 20% of anaphylactic reactions. The second phase usually occurs within 4-12 hours of the initial symptoms or signs and may be more severe.

Steroids are commonly used in anaphylaxis and are thought to possibly prevent protracted anaphylaxis symptoms, particularly in patients with asthma. They may also reduce the severity of, or prevent the occurrence of biphasic reactions.