Anaphylaxis algorithm

When skills and equipment available:

- Establish airway
- High flow oxygen
- IV fluid challenge
- Chlorphenamine
- Hydrocortisone

Monitor:
- Pulse oximetry
- ECG
- Blood pressure

Diagnosis - look for:

- Acute onset of illness
- Life-threatening Airway and/or Breathing and/or Circulation problems
- And usually skin changes

Call for help
- Lie patient flat
- Raise patient’s legs

Adrenaline

1 Life-threatening problems:
- Airway: swelling, hoarseness, stridor
- Breathing: rapid breathing, wheeze, fatigue, cyanosis, SpO₂ < 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)

- Adult or child more than 12 years: 200 mg
- Child 6 - 12 years: 100 mg
- Child 6 months to 6 years: 50 mg
- Child less than 6 months: 25 mg