



Title	Treatment protocol for Anaphylaxis in Adults
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Developed by	Resuscitation council/ BGH Respiratory/ Resuscitation dept.
Equality & Diversity Impact Assessed	-

Name

Consultant

Address

Date of Birth

CHI

Observations up to 24 hours particularly applicable to

Severe reactions with slow onset caused by idiopathic anaphylaxis

Reactions in individuals with severe asthma or with a severe asthmatic component

Reactions with the possibility of continuing absorption of allergen

Patients with a previous history of bisphasic reactions

Patients presenting in the evening or at night, or those who may not be able to respond to any deterioration

Patients in areas where access to emergency care is difficult

DISCHARGE AND FOLLOW UP

Reviewed by Senior Clinician (SPR or above)

Oral steroid and antihistamines given up to 3 days
- Prednisolone 30mgs daily
- Chlorphenamine 4mgs 6 hourly

Adrenaline auto-injector x 2

Supply Acrivastine 8mg (for future use- rapid onset of action)

Adrenaline auto-injector education

NHS Borders Adrenaline treatment leaflet

Family members to be referred to Resus Officer for BLS Training **YES / NO**

If Yes – phone Resus Officer on x26329 and leave message

Training completed by RTO

Allergy Service referral (New diagnosis/complex case)

TREATMENT PROTOCOL FOR ANAPHYLAXIS in Adults

Recognition of Anaphylaxis, i.e. all three criteria must be met

- Sudden onset and rapid progression of symptoms
- Life threatening Airway and/or Breathing and/or Circulation problems
- Skin and/or mucosal changes (flushing, urticaria, angioedema)

