

Anaphylaxis treatment algorithm

Confirm anaphylaxis*

Is onset of symptoms acute?
Are there life-threatening airway, breathing or circulation problems?
Are skin changes present?

Call for help/Dial 111

Treat ABC
Lie patient flat and raise their legs (or place in a sitting position if breathing difficulties).
Remove the trigger if possible e.g. stop delivery of any drug, remove a bee sting. Do not induce vomiting after food-induced anaphylaxis.

Administer adrenaline

Adult and child >12 years:	0.5 mg IM	(0.5 mL 1:1000 solution)
Child 6 – 12 years:	0.3 mg IM	(0.3 mL 1:1000 solution)
Child <6 years:	0.15 mg IM	(0.15 mL 1:1000 solution)
Infant <6 months:	0.01 mg/kg IM	(0.01 mL/kg 1:1000 solution)

Repeat dose at 5 minute intervals

If an auto-injector is the only form of adrenaline available, this should be administered

If skills and equipment available:

Establish airway	Gain IV access
Monitor pulse oximetry, blood pressure, ECG	Administer IV fluids (0.9% saline)
Administer high flow oxygen	Consider an antihistamine or hydrocortisone

Adapted from the UK Working Group of the Resuscitation Council¹

*Anaphylaxis is a severe allergic reaction. Patients with signs and symptoms indicative of a mild to moderate allergic reaction (swelling of lips, face or eyes, hives or welts, tingling mouth, abdominal pain or vomiting) should be closely observed for deterioration and treated symptomatically.