

B3.0 Anaphylaxis

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History

This may be immediately obvious with previous episodes of similar events. However it may not be clear that there has been an allergic reaction. Anaphylaxis commonly results as a reaction to drugs, peanuts, seafood particularly shellfish but may also be due to exercise, sex or an unidentified insult.

Always consider in the shocked patient with no obvious cause.

Examination

The features of anaphylaxis are:

Airway oedema with obstruction

Acute bronchospasm

Circulatory collapse

syncope

Rash

Diahorrea

Vomiting

Treatment

The key treatment in acute severe anaphylaxis is Adrenaline

A: protect the airway

B: if the patient is self ventilating and in bronchospasm treat with nebulised salbutamol or adrenaline

C: Large volume of IV fluids may be required due to distributive shock. Adrenalin given parentally is the key to maintain the BP

The following guidelines distinguish minor allergic reactions (grade I) from true anaphylaxis (grades II-IV). Initial treatment is determined by a high index of suspicion and the clinical features on presentation.

Key Messages

- Continuous assessment and monitoring is required to detect those who are deteriorating and require more aggressive treatment.
- If the patient is stable and needs admission then discuss with the CDU doctor.
- Upon discharge, severe cases should be referred on to an immunologist and considered for EpiPen. This can be organised via the CDU

