CMG 29 – ALLERGIC AND ANAPHYLACTIC REACTIONS

(Revised: December 2016)

ANAPHYLAXIS

Any acute onset of hypotension or bronchospasm or upper airway obstruction where anaphylaxis is considered possible,
even if typical skin features are not present

OR

any acute onset of illness with typical skin features
(urticarial rash or erythema / flushing and/or angioedema)
PLUS
involvement of respiratory and/or cardiovascular and/or persistent, severe gastrointestinal symptoms.

ICP	Remove allergen, if still present	**AP**
ICP	Posture supine/sitting *do not allow the patient to walk at any time, even if they appear to have recovered*	**AP**
ICP	Adrenaline IMI – repeat 5 minutely, if required	**AP**
ICP	Oxygen if required	**AP**
ICP	IV fluid as per CMG 14	**AP**
ICP	If inadequate response or deterioration, IV adrenaline infusion	
ICP	Consider bronchodilators, *after adrenaline*, for bronchospasm	**AP**
ICP	Consider early advanced airway care if angioedema present	
ICP	In the event of cardiac arrest: treat by specific CMG (consider prolonging resuscitative efforts in this patient subset – including aggressive fluid resuscitation and IV adrenaline doses)	**AP**

ALLERGIC REACTION

Including allergic rhinitis, allergic conjunctivitis, urticaria and itching.

No life threatening symptoms, no systemic features
(e.g. urticaria/rash only).

ICP	Remove allergen, if still present	**AP**
ICP	Manage symptomatically, as per appropriate CMG	**AP**

If in any doubt as to the severity of reaction, treat for anaphylaxis. IM adrenaline is a safe drug.

The risks of NOT giving adrenaline far outweigh the risks of giving it.

Antihistamines and steroids have no role in treating anaphylaxis in the pre-hospital setting.