EMERGENCY MANAGEMENT OF ADULT & CHILD ANAPHYLAXIS 2025

1 RECOGNIZE THE SUDDEN ONSET OF EITHER

SKIN/MUCOSAL INVOLVEMENT
Especially of the oropharynx
(rash, swelling)

AND ANY OF

RESPIRATORY DIFFICULTY
(dyspnoea, stridor, voice change, wheeze)

OR

CARDIOVASCULAR DYSFUNCTION
(shock, hypotension, syncope, collapse)

OR

SEVERE GASTROINTESTINAL SYMPTOMS
(abdominal pain, repetitive vomiting)

OR

AFTER EXPOSURE TO KNOWN- or HIGHLY PROBABLE ALLERGEN

RESPIRATORY DIFFICULTY
(dyspnoea, stridor, voice change, wheeze)

OR

CARDIOVASCULAR DYSFUNCTION
(shock, hypotension, syncope, collapse)

No need for skin or mucous membrane involvement

2 IMMEDIATE TREATMENT

Remove Exposure

Call for Help

ADRENALINE

Intramuscular - Anterolateral aspect of thigh
Administer every 5 -10 minutes, until improvement

1mg/ml (1:1000) - 0.01mg/kg
Adult - 0.5 ml IM
Child - 0.3 ml IM
Infant - 0.15 ml IM

OR

use an auto-injector
25kg> - 0,3mg IM;
<25kg - 0,15mg IM

3 ASSESS VITAL SIGNS OXYGEN - MONITORS - IV ACCESS

High flow oxygen, maintain patent airway, intubate early, prepare for difficult airway
High flow IV line, BP, SpO2, ECG monitoring
Position patient: seated if breathing difficulty or
supine with legs elevated if hypotensive or left lateral if pregnant



4 Additional Treatment

CRYSTALLOID FLUIDS
(e.g. Ringers/Balsol)
Rapid infusion of 20ml/kg
Repeat IV infusion as necessary to target Systolic BP of 90mmHg

NEBULISED BRONCHODILATORS
Every 15-20 mins if severe bronchospasm
Salbutamol 5mg
or
Fenoterol 1.25mg
WITH
Ipratropium 0,5mg

ADRENALINE INFUSION
0,1 - 1 ug/kg/min

ONLY if unresponsive to 2x IM doses of adrenaline & fluids

GLUCAGON
if unresponsive to adrenaline or if patient is on Beta Blockers
20ug/kg (Max 1-2mg) IM or slow IV every 5 mins

Risk Reduction Strategies

· Only discharge patient if clinically stable 4-6 hours after resuscitation (may need longer if at risk of biphasic reaction)
· Provide a written anaphylaxis emergency action plan, including how to administer IM adrenaline
· Refer to specialist for investigation and management
· Provide patient education (www.allergyfoundation.co.za) and medical bracelet

Why are Steroids and Antihistamines considered adjunctive treatment?

H1-antihistamines, like Promethazine may relieve itching and urticaria but do not prevent or relieve life-threatening symptoms of anaphylaxis. Antihistamines should not be used alone, or instead of adrenaline, for anaphylaxis. Steroids do not act quickly and their potential to prevent biphasic reactions is theoretical, with no proven evidence.