

Anaphylaxis¹

ANY ONE of the following could indicate anaphylaxis

- Difficult/noisy breathing
- Wheeze or persistent cough
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Difficulty talking/hoarse voice
- Vomiting and/or abdominal pain - for insect stings/bites
- **Any acute onset:** hypotension, bronchospasm or upper airway obstruction, OR illness with skin features + respiratory/cardiovascular or persistent severe GI symptoms

IMMEDIATE ACTION

- Remove allergen if still present
- Call for help
- Lay patient flat - do not allow to stand

Give intramuscular ADRENALINE (EPINEPHRINE) without delay
Deep IM into outer mid-thigh
Repeat 5 minutely as needed

- CPR if needed

When able

- Monitor HR, BP, RR, SpO₂
- Give O₂
- Support airway
- IV access - adults + hypotensive children

If hypotensive

- Give IV sodium chloride 0.9% 20 mL/kg **RAPIDLY**

Adrenaline (epinephrine) doses

Age (years)	Weight (kg)	Adrenaline 1:1,000
< 1	< 7.5	0.1 mL
1–2	10	
2–3	15	0.15 mL
4–6	20	0.2 mL
7–10	30	0.3 mL
10–12	40	0.4 mL
> 12–adult	> 50	0.5 mL

Additional measures MO/NP may consider

- Adrenaline (epinephrine) infusion - on advice of emergency medicine/critical care specialist
- If upper airway obstruction - nebulised adrenaline (epinephrine) ± intubation/cricothyrotomy
- If persistent hypotension/shock - sodium chloride 0.9% (max. 50 mL/kg in first 30 minutes)
- If persistent wheeze - bronchodilators, prednisolone or hydrocortisone

For detailed management, see [Anaphylaxis, p. 82](#)