Anaphylaxis Flowchart

Clinical Picture 1

Any acute onset of:
- Hypotension or
- Upper airways obstruction or
- Bronchospasm

where anaphylaxis is considered even if typical skin features are not present

Clinical Picture 2

(At least 1 feature of both columns to fit clinical picture 2)

Column A
Any acute onset of illness with:
- Urticarial rash
- Erythema/flushing
- Angioedema

+

Column B
Involvement of:
- Respiratory system
- Cardiovascular system
- Persistent severe GI symptoms

Immediate Action

- Remove allergen
- Access ABC
- Give high flow oxygen
- Take blood pressure
- Lay patient flat; if respiratory distress can sit upright
- Do not allow patient to stand or walk

IM Adrenaline

0.01mg/kg
of 1:1000 (1mg/mL)
immediately

If remains symptomatic:
- Administer 2nd dose of IM Adrenaline

Shocked or hypotensive patient

Yes

- IV bolus 20mL/kg of 0.9% saline
- Insert additional wide bore IV
- ED Senior Doctor review
- Admit under General Paediatric Team
- Consider PICU

No

If anaphylaxis resolved:
- Admit to ED Observation Ward for 4 hours post adrenaline (in case of biphasic reaction)
- Provide education and discharge with Epipen (unless < 1yr)
- Discuss anaphylaxis action plan
- Do not discharge overnight
- Refer to Immunology OPC

Additional measures	
Persistent Wheeze	**Upper Airway Obstruction**
• Salbutamol via spacer - 6 puffs < 6 years - 12 puffs ≥ 6 years • Consider adrenaline infusion • Admit PICU	• Nebulised adrenaline 5mls of 1:1000 • Prepare for intubation if difficult airway • Consider adrenaline infusion • Admit PICU