

## Recognition of Anaphylaxis:

### Acute onset of

- Skin changes (urticaria, erythema/flushing and/or angioedema)
- PLUS:** Respiratory +/- Cardiovascular +/- GI symptoms
- OR**
- Hypotension, Bronchospasm or Upper Airway obstruction with exposure to known allergen

### If pre-hospital care (home or EMS) was given, please note:

- Epinephrine, salbutamol or antihistamine may have altered the signs and symptoms at presentation
- Anaphylaxis diagnosis is based on full history of symptoms

## Initial Management:

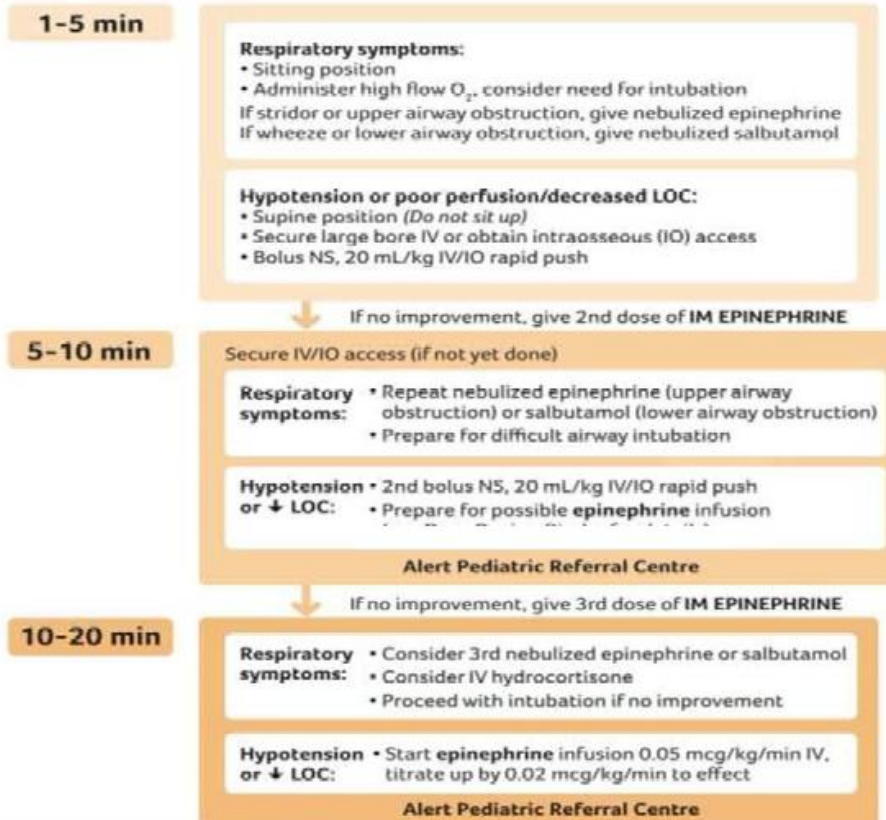
- Place patient in supine position (unless in respiratory distress or vomiting)
- Assess ABCs, vital signs (including BP and SpO<sub>2</sub>)
- Provide O<sub>2</sub> 10-15 L/min by non-rebreather mask (if signs of shock or respiratory distress)
- Identify and remove allergic trigger, if possible

### Administer IM EPINEPHRINE

- Dose: 0.01 mg/kg (1 mg/mL), MAX 0.5 mg (see dosage chart)
- Route: **INTRAMUSCULAR (IM)** in anterolateral thigh
  - *Never administer the IM preparation of epinephrine (1mg/mL) through IV/IO route*
  - *Never give IV epinephrine bolus dose for initial anaphylaxis management*
- Repeat IM EPINEPHRINE every 5-10 min as needed (see below)

**Do not delay IM EPINEPHRINE administration**

## Persistent symptoms after 1st dose of IM EPINEPHRINE?



## Refractory Anaphylaxis

### Norepinephrine infusion (For persistent hypotension)

Start at 0.05 mcg/kg/min IV, titrate up by 0.02 mcg/kg/min to effect (MAX 2 mcg/kg/min)

### Glucagon bolus (For persistent anaphylaxis symptoms or patients on beta blockers)

Dose: 20 - 30 mcg/kg/dose (MAX 1 mg) IV over 5 minutes, followed by infusion of 5 - 15 mcg/min, titrated to clinical effect

Adapted from Anaphylaxis Algorithm 2019 from TREKK. Published online December 2018, Version 1.1