

**Assessing Symptoms**

**1. Airway 2. Breathing 3. Circulation**

**Anaphylaxis**  
Indicated by any one of the following signs:

- Difficult/ noisy breathing
- Swelling of tongue
- Swelling/ tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or sudden persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

**Mild or Moderate Reactions**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting

**Stop Drug Administration and Remove Allergen (If Applicable)**

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**CALL FOR HELP - Do not leave patient**  
**LAY PATIENT FLAT** or most recumbent position possible (unless breathless). Raise patient's legs if possible.

**Fexofenadine Dosage**

2-11 yrs.	30mg/5mls Syrup Orally
12+ yrs.	180mg Tablet Orally

Not to be Given to Pregnant Or Lactating Women.  
**\* Refer to Nurse Initiated Medications LFS-PO-0066 \***

**Adrenaline (Epinephrine) Dosages Chart**

Years	Weight	Volume (ml)	Auto-Injector
~<1	<7.5kg	0.1ml	Not Available
~1-2	10kg	0.1ml	7.5*-20kg (~<5yrs)
~2-3	15kg	0.15ml	
~4-6	20kg	0.2ml	150mcg Device (Yellow Label)
~7-10	30kg	0.3ml	>20kg (~>5yrs)
~10-12	40kg	0.4ml	
>12Yrs	>50kg	0.5ml	

**Give Intramuscular Injection (IMI) Adrenaline (Epinephrine) Into Outer Mid-Thigh.**  
**\*Refer to Nurse Initiated Medications LFS-PO-0066\***

**If anaphylaxis symptoms escalate**

**Call ambulance on 000**

**If no escalation of symptoms, but hives/welts is widespread and persists after 30 minutes.**

**If required at any time, commence cardiopulmonary resuscitation (CPR)**

**Complete Acute Transfer Form**, transfer patient to acute hospital.

Repeat **Adrenaline** every 5 minutes, if **NO response to the initial dose.**

State Manager or Delegate to **contact referring physician as soon as possible.**

**Ensure clear airway and administer O<sup>2</sup> at a high flow rate (if available) via Hudson Mask.**

If dyspnoeic, administer 1 puff **Salbutamol 100mcg** via spacer  
Ask patient to take 4 breaths via spacer  
Repeat 4 puff (400mcg) and wait 4 minutes  
If no improvement, repeat above process  
**\*Refer to Nurse Initiated Medications LFS-PO-0066\***

**Report Adverse Event/Incident/ Risk Man to relevant manager** as soon as possible and ensure adverse event report form and all relevant paperwork is completed and submitted on the same day.

The information above was taken from Australian Resuscitation Council. (2016). ANZCOR Guideline 9.2.7 First Aid Management of Anaphylaxis. Retrieved from <https://resus.org.au/guidelines/>  
Australasian Society of Clinical Immunology and Allergy. (2019). ASCIA Guidelines. Retrieved from <https://www.allergy.org.au/hp/papers/acute-management-of-anaphylaxis-guidelines>