

THE MEDICAL PRACTICE AT 48 WIMPOLE STREET

DR C.N. SAWYER MRCP DFOM DR S. KHALIQUE MRCGP DR COG

48 WIMPOLE STREET LONDON W1G 8SF

020 7935 4357 020 7486 7876

FAX: 020 7224 0625 www.48wimpole.co.uk admin@48wimpole.co.uk

PRACTICE POLICY ON ALLERGIC EMERGENCIES

Adapted from BNF September 2009

Adrenaline provides physiological reversal of immediate symptoms such as laryngeal oedema, bronchospasm, and hypotension associated with hypersensitivity reactions such as anaphylaxis and angioedema.

Anaphylaxis

- Especially in atopics
- Insect stings
- Foods - eggs, fish, cow's milk protein, nuts
- Medicines – blood products, vaccines, allergens, antibiotics, aspirin, NSAID's
- Additives and excipients

First-line treatment

- Securing the airway
- Restoration of BP – lie flat, raise feet
- Adrenaline im (NOT S/C) 500mcg (0.5ml of **1 in 1000**) or 300mcg for immediate self-administration (Epipen)
- Monitor BP, HR, RR & repeat adrenaline if necessary every 5 minutes until help arrives – may need further treatment.
- Oxygen – high flow
- Antihistamine – chlorpheniramine slow iv 10-20mg & continue for 24 – 48 hours
- Hydrocortisone iv 200mg
- Consider slow iv dilute adrenaline if patient really ill & doubt over circulation - 500mcg (5mls of **dilute 1 in 10,000**) at rate of 1 ml per minute – **CHILDREN 10mcg/kg or 0.1ml/kg**

Caution – Beta Blockers or tri-cyclic antidepressants

Dose of intramuscular adrenaline for shock

Age	Dose mcg	Volume of 1 in 1000 mls
<6 years	300	0.3
6-12 years	500	0.5
Adult	500	0.5