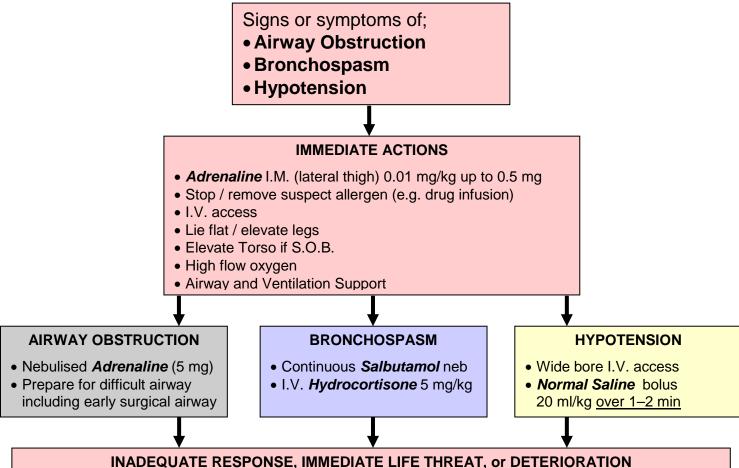
# Management of Anaphylaxis in the Emergency Department



- I.V. Adrenaline infusion 1 mg in 1000 mls Saline (or standard infusion if immediately available) - Start at 6ml/kg/hour = 1 mcg/kg/minute, and increase by the starting rate every 2 minutes if needed
- Repeat I.M. *Adrenaline* every 3–5 minutes OR
- For imminent life threat: Dilute *Adrenaline* 1 mg into 20 ml and give I.V. 1 ml boluses (50 mcg)

## **HYPOTENSION - Inadequate response**

 Repeat Normal Saline boluses 10–20 ml/kg, up to 50 ml/kg total over the first 30 minutes

Consider the following (low level evidence for efficacy);

- Severe bradycardia I.V. Atropine 20 mcg/kg
- I.V. Metaraminol 2-10 mg in adults.
- I.V. *Glucagon* and/or balloon pump if ß-blocked or heart failure: Glucagon dose in adult: load with 1-5 mg over 5 min, followed by 5-15 mcg/min

## ANAPHYLACTIC CARDIAC ARREST

Follow ALS arrest protocol

#### AND

- Immediate Adrenaline
- Rapid escalation to high dose Adrenaline (3-5 mg every 2-3 minutes) might be effective
- Ensure high volume I.V. fluid resuscitation as above