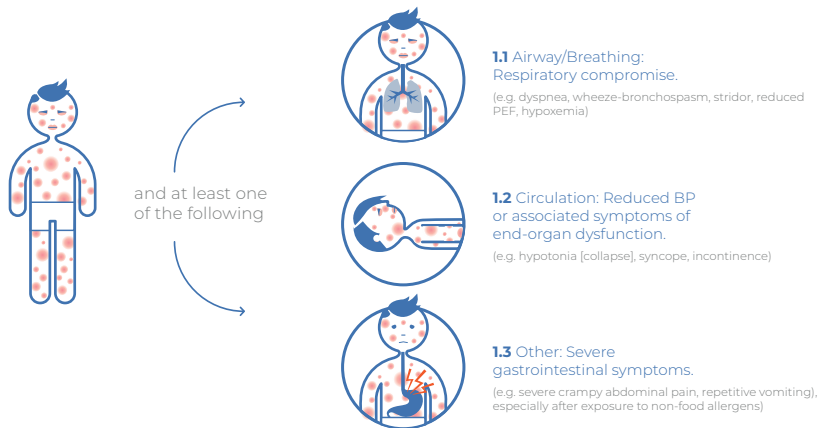


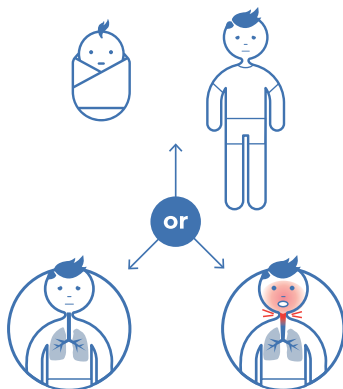
CLINICAL CRITERIA FOR DIAGNOSIS

Anaphylaxis is highly likely when any one of the following **two criteria is fulfilled**

- 1 Acute onset of an illness (minutes to several hours) with involvement of the skin, mucosal tissue, or both (e.g. generalized hives, pruritus or flushing, swollen lips-tongue-uvula)



- 2 Acute onset of **hypotension*** or **bronchospasm** or **laryngeal involvement*** after exposure to a known or highly probable allergen for that patient (minutes to several hours), **even in the absence of typical skin involvement.**



PEF, Peak expiratory flow; BP, blood pressure.

* Hypotension defined as a decrease in systolic BP greater than 30% from that person's baseline, OR

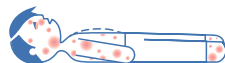
i. Infants and children under 10 years: systolic BP less than (70mmHg + [2 x age in years])

ii. Adults: systolic BP less than < 90 mmHg

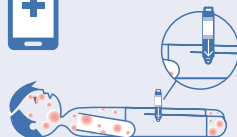
* Laryngeal symptoms include: stridor, vocal changes, odynophagia.

INITIAL TREATMENT

- 1 Have a written emergency protocol for recognition and treatment of anaphylaxis and rehearse it regularly.
- 2 Remove exposure to the trigger if possible, e.g. discontinue an intravenous diagnostic or therapeutic agent that seems to be triggering symptoms.
- 3 Assess the patient: Airway / Breathing / Circulation, mental status, skin and body weight (mass).



- 4 Call for help: resuscitation team (hospital) or emergency medical services (community) if available.
- 5 Inject epinephrine (adrenaline) intramuscularly in the mid-antrolateral aspect of the thigh, 0.01 mg/kg of a 1:1,000 (1 mg/ml) solution, maximum of 0.5 mg (adult) or 0.3 mg (child); record the time of the dose and repeat every 5-15 minutes, if needed. Most patients respond to 1 or 2 doses.
- 6 Place patient on the back or in a position of comfort if there is respiratory distress and/or vomiting; elevate the lower extremities; fatality can occur within seconds if patient stands or sits suddenly.



- 7 When indicated, give high-flow supplemental oxygen (6-8 L/minute), by face mask or oropharyngeal airway.



- 8 Establish intravenous access using needles or catheters with wide-bore cannula (14-16 gauge). Consider giving 1-2 liters of 0.9% (isotonic) saline rapidly (e.g. 5-10 ml/kg in the first 5-10 minutes to an adult; 10 ml/kg to a child).



- 9 If indicated at any time, perform cardiopulmonary resuscitation with continuous chest compressions.



- 10 At frequent, regular intervals, monitor patient's blood pressure, cardiac rate and function, respiratory status, and oxygenation (monitor continuously, if possible).



Promptly and simultaneously, perform steps 4, 5 and 6

In addition