Summary of Recommendations – Management of Acute Allergic Reaction

Assess for airway, breathing and circulation

If necessary:
- Perform cardiopulmonary resuscitation
- Manage airway
- Administer high flow oxygen
- Administer boluses of IV fluids at a dose of 20mg/kg

Acute allergic reaction diagnosed?

- Administer adrenaline intramuscularly into the lateral thigh at a dose of 500µg repeated every 5 minutes if necessary
- Consider slow IV adrenaline injection at a dilution of 1:100,000 only in cases of refractory hypotension or peri-cardiac arrest situations

- Consider serial monitoring of tryptase levels within 3 to 12 hours of the start of acute allergic reaction

Known allergen?

- Remove allergen if possible without risk of harm to the patient

Risk of recurrence of reaction?

- Administer chlorphenamine 10mg by slow IV or IM injection
- Monitor blood pressure

Protracted reaction?

- Administer 100−200mg hydrocortisone IV

Wheeze?

- Give nebulised salbutamol at a dose of 5mg repeated every 5−15 minutes if necessary

Moderate or severe reaction?

- Observe for biphasic reaction
- Refer to allergy specialist

Acute allergic reaction diagnosed?

- Consider 3 day course of oral antihistamines or corticosteroids
- Prescribe adrenaline auto-injector for patients with severe anaphylactic reactions to a known trigger
- Advise patient to avoid trigger in future