

**ANAPHYLAXIS
MANAGEMENT – ADULT
IH Emergency Departments**

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician/prescriber. Boxed orders () require physician/prescriber check mark () to be initiated.

1. MEDICATIONS

1.1 INITIAL MANAGEMENT

If no physician available, all nurses must follow CDST “Anaphylaxis: Initial Emergency Treatment by Nurses (Adult & Pediatric)”

- EPINEPHrine 0.5 mg INTRAMUSCULAR (IM)** lateral thigh (vastus lateralis)
 - May repeat **EPINEPHrine 0.5 mg INTRAMUSCULAR (IM)** lateral thigh **Q5 – 15 MIN PRN** × 2 additional doses (for a maximum of 3 total doses)
 - Notify physician if no improvement after 2 doses of EPINEPHrine to consider EPINEPHrine infusion see section 9. Refractory Symptoms

2. SECONDARY MEDICATIONS

2.1 INHALED MEDICATIONS

- salbutamol 400 mcg (4 puffs) per MDI** with spacer (preferred) **Q15MIN PRN if wheezing**
- If unable to tolerate MDI with spacer salbutamol 5 mg nebulized Q15MIN PRN if wheezing**
 - Notify physician if no improvement after 2 doses of salbutamol

2.2 SYSTEMIC CORTICOSTEROID (*choose ONE*)

- hydrocortisone sodium succinate** _____ mg (5 mg/kg to max 250 mg) IV × 1 dose ****OR****
- methylPREDNISolone sodium succinate** _____ mg (1 to 2 mg/kg to max 80 mg) IV × 1 dose ****OR****
- predniSONE** _____ mg (1 mg/kg to max 50 mg) PO × 1 dose ****OR****
- Other: _____

2.3 H1 ANTIHISTAMINE

- diphenhydrAMINE 50 mg PO/IV/IM** × 1 dose

3. ALLERGIES: See Allergy and Adverse Reaction Record #826234

4. CONSULTS

- Respiratory Therapist
- Other: _____

5. DIET

- NPO: Sips with PO medications No PO medications

6. MONITORING

- HR, RR, BP and SpO₂ Q5MIN until stable, then Q15MIN × 4, then Q30MIN × 2, then reassess by Physician
- Monitor/Observe patient in ED for a minimum 4 hours after anaphylaxis signs and symptoms resolve
- Continuous cardiac/RESP monitoring if EPINEPHrine infusion is administered

Date (dd/mm/yyyy)	Time	Prescriber's Signature	Printed Name or College ID#
/ /			

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7. LABORATORY

STAT BLOODWORK

- CBC, Lytes4, creatinine (incl. GFR), Urea, Glucose – Random, Stop HIV Initiative
- Blood Gases [GASES] venous arterial
- Calcium [CHEM]
- Magnesium [CHEM]
- INR [COAG]
- Troponin [CHEM]
- Other: _____

8. DIAGNOSTICS

STAT DIAGNOSTICS

- Chest XRay [RAD]
- Portable Chest XRay [RAD]
- ECG [CARD]
- Other: _____

9. TREATMENTS

- IV Saline Lock
- IV 0.9% normal saline bolus (10 to 20 mL/kg) = _____ mL × 1 over _____ minutes, then _____ mL/hour
- Oxygen to maintain saturations greater than 92% (or between 88% to 92% in patients with known chronically elevated PaCO₂)
- Lie patient flat

10. REFRACTORY SYMPTOMS including severe hypotension or hypotension refractory to epinephrine and IV fluids

10.1 EPINEPHrine IV infusion

- EPINEPHrine**
Initiate at 1 mcg/min. Titrate to maximum of 10 mcg/min. Refer to the IH Medication Manual for Parenteral Drugs to get the most up-to-date medication preparation instructions.

10.2 glucagon (consider for patients on a beta-blocker)

- glucagon _____ mg (0.025 mg/kg to max 1 mg) IV x1, then initiate glucagon IV infusion.**
- glucagon standard concentration 0.1 mg/mL IV infusion**
Initiate at 1 mg/hr (10 mL/hr). Titrate Q15 MIN to maximum of 5 mg/hr. Refer to the IH Medication Manual for Parenteral Drugs to get the most up-to-date medication preparation instructions.

11. DISCHARGE CONSIDERATIONS

- Monitor patient in Emergency Department until no evidence of refractory symptoms and vital signs remain stable for at least 4 hours after resolution from treatment
- Provide patient education handout
- Provide patient with prescriptions (including Epi-Pen® if appropriate) and document discharge plan on the Emergency Visit Discharge **form #826238**

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