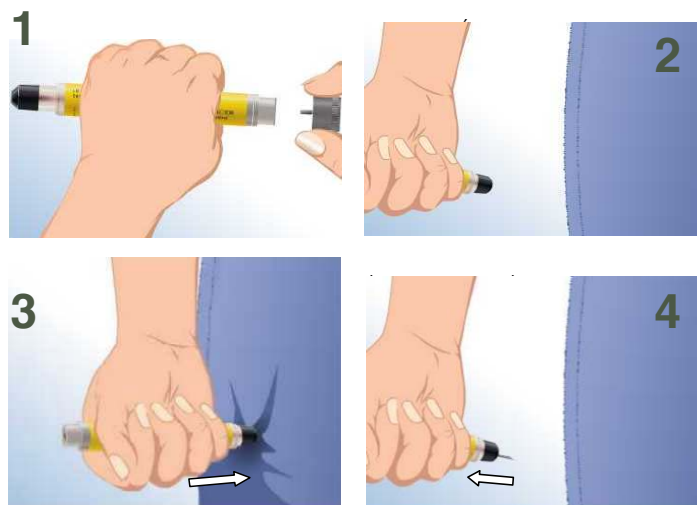


ANAPHYLAXIS



How to use an "EpiPen" injector

Anaphylaxis is a severe allergic reaction. It is likely when the following three criteria are met.

- A sudden onset with rapidly progressing symptoms.
- Life-threatening airway, breathing and/or circulation changes.
- Skin or mouth changes, such as swelling or a rash.

Sometimes the diagnosis is more difficult. The rash may be absent, the patient may present with vomiting and abdominal pain, it may look like severe asthma, or the only sign might be low blood pressure.

Scenario

An employee attends for a 'flu vaccination. He fills in the usual forms. He is asthmatic, but otherwise well. After the injection he is asked to remain in the Centre for ten minutes. A few minutes later, another employee calls from the waiting room. You rush there and find the person you just immunised lying on the floor.

Task

Some of you will be asked to tackle a similar practice scenario this month.

Discuss your approach with your colleagues before then.

Question

How does adrenaline affect the airway, breathing and circulation in anaphylaxis?

Step-by-step

★ **ABCDE approach.**

★ **Call for someone who can give adrenaline and call your emergency number (or 000).**

★ **Give 0.3 mg adrenaline by intramuscular injection. Stretch the skin, don't bunch it. Inject at 90° and make sure the needle tip enters muscle.**

★ **Position a conscious patient comfortably. Patients with breathing problems may like to sit up, lightheaded patients should lie down with their legs elevated.**

★ **If and when available, arrange**

- **Oxygen 8 L/min by face mask.**
- **Intravenous saline - 500 - 1000 ml bolus.**
- **Patients usual asthma medication.**
- **Monitoring of pulse, blood pressure and oxygen saturation.**

★ **If needed, repeat 0.3 mg adrenaline every 5 minutes.**