

Lightning Learning: Anaphylaxis







youtube.com/em3orguk



WHAT?

- Systemic IgE mediated hypersensitivity reaction
- Mast cell degranulation causes histamine and serotonin release

Symptoms and Signs:

- pharyngeal oedema, tongue swelling
- bronchospasm and tachypnoea
- hypotension and tachycardia

Usually presents with skin and mucosal changes BUT NOT ALWAYS!

Treat with...

- IM adrenaline 500mcg 1:1000
- IV Chlorphenamine 10mg
- IV hydrocortisone 200mg
- High flow O2 and fluid challenge

WHY?

Consider anaphylaxis if...

Sudden onset of symptoms with skin and mucosal involvement.

If there is respiratory and/or circulatory compromise:

- especially if exposure to a known allergen
- but always consider WITHOUT allergen exposure

5% of reactions are biphasic:

2nd reaction after treatment without re-exposure to allergen

Observe patients for 6 hrs post reaction and discharge with advice and epipen.

Blood Test

Mast cell tryptase taken at 1, 6 and 24hrs post reaction.

Refer to allergy clinic at discharge if allergen not known.

HOW?

Anaphylaxis (Life in the Fast Lane) http://bit.ly/2shA4W9

Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers

(Resuscitation Council UK) http://bit.ly/2s0jwW0



Author: Pandora Spilman-Henham Date: 19/06/2017 Version 1.2