




Emergency response to Anaphylactic reaction



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www.allergy.org.au


FIRST AID PLAN FOR


Anaphylaxis

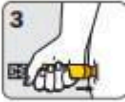
Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give adrenaline (epinephrine) injectors

EpiPen®

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1 Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE
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2 Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)
- 


3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®


EpiPen® doses are:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

Anapen®

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1 PULL OFF **BLACK** NEEDLE SHIELD
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2 PULL OFF **GREY** SAFETY CAP from red button
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3 PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)
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4 PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® doses are:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

<h4>SIGNS</h4> <ul style="list-style-type: none"> Swelling of lips, face, eyes Hives or welts Tingling mouth Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy 	<h4>ACTIONS</h4> <ul style="list-style-type: none"> Stay with person, call for help Locate adrenaline injector Phone family/emergency contact Insect allergy - flick out sting if visible Tick allergy - seek medical help or freeze tick and let it drop off
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Mild to moderate allergic reactions may not always occur before anaphylaxis






SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

<ul style="list-style-type: none"> Difficult or noisy breathing Swelling of tongue Swelling or tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
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ACTIONS FOR ANAPHYLAXIS

- LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright

- GIVE ADRENALINE INJECTOR**
- Phone ambulance - 000 (AU) or 111 (NZ)
- Phone family/emergency contact
- Further adrenaline may be given if no response after 5 minutes
- Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline injector **FIRST** if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This document has been developed for use as a poster, or to be stored with general use adrenaline injectors.

A First Aid Plan for Anaphylaxis poster is available on the [ASCIA website](http://www.allergy.org.au)

In all situations

1. If safe to do so, lay the person flat, do not allow patient to stand or walk.
2. If breathing is difficult allow patient to sit
 - Be calm, reassuring
 - Do not leave them alone.
 - Seek assistance from another staff member or reliable student to locate the autoinjector or a general use autoinjector, and the student's Individual Anaphylaxis Management Plan
 - If the student appears to be experiencing a first time reaction, continue with steps 2 – 6.
3. Administer prescribed adrenaline autoinjector – note the time given and retain used EpiPen to give ambulance paramedics.
4. Phone ambulance 000 (112 – mobile).
5. If there is no improvement or severe symptoms progress, further adrenaline doses may be given every five minutes (if another autoinjector is available).
6. Phone family/emergency contact.

If in doubt, give an autoinjector

If the student has not been previously diagnosed with an allergy or at risk of anaphylaxis but appears to be having a severe allergic reaction, follow Steps 2–6 above.

Approval authority	Director, Learning and Regional Services
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