# **Anaphylaxis Standing Order Template**

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| Issue date: | August 2024 | Review date: | August 2025 |

This standing order is to apply until it is either replaced by a new standing order covering the same subject matter or cancelled in writing by the issuer.

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| **Standing Order Name** | Anaphylaxis |
| **Rationale** | To rapidly treat patients who are present with anaphylaxis. |
| **Scope (condition and patient group)** | All patients with anaphylaxis until admission to hospital can be arranged.  |
| **Red Flags** | Anaphylaxis is a severe life-threatening allergic reaction due to cardiovascular and/or respiratory compromise.Is not always easy to recognise. |
| **Assessment** | 1. Suspect anaphylaxis if: * sudden onset and rapid progression of respiratory or circulation symptoms.
* life threatening airway and/or breathing and/or circulation problems.
* exposure to possible or known allergen.

2. Symptoms may include some, but not all, of the following:* cardio-respiratory – shock, bronchospasm, laryngeal oedema.
* skin and mucosa – pruritus, urticaria, flushing, angioedema.
* gastrointestinal symptoms – crampy abdominal pain, vomiting, diarrhoea.
* other – headache, feeling of "impending doom".

3. Consider other diagnoses e.g., asthma, vasovagal, panic attack, heart failure, urticaria.4. Patients with non- life-threatening symptoms suggestive of an allergic reaction (e.g. skin and gastrointestinal) may not have anaphylaxis. First line treatment is with antihistamines.5. Intravenous access should be obtained in case fluid resuscitation is required.See <https://www.anzcor.org/assets/Uploads/ANZCOR-Anaphylaxis-August-20231-v3.pdf> |
| **Indication** | **For rapid treatment of a patient with anaphylaxis** |
| **Medicine** | **Adrenaline** 1:1000 (1mg/mL) |
| **Dosage instructions** | **If weight known:**Adrenaline dosage for 1:1000 formulation is **0.01mL/kg** (= 0.01mg/kg)Up to a maximum of 0.5mL.Administer by IM injection into the lateral thigh**If weight unknown:**

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|  | Dose | Volume of 1: 1000(1mg/mL) |
| Infants < 1 year | 0.05 - 0.1mg | 0.05 – 0.1mL |
| Infants 1- 2 years | 0.1mg | 0.1mL |
| Children 2-4 years | 0.2mg | 0.2mL |
| Children 5- 10 years | 0.3mg | 0.3mL |
| Adolescents ≥ 11 years | 0.3 – 0.5mg | 0.3- 0.5mL |
| Adults | 0.5mg | 0.5mL |
| Frail elderly | 0.3mg | 0.3mL |

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| **Route of administration** | Intramuscular – lateral thigh |
| **Quantity to be given** | Can repeat dose at 5 minute intervals until ambulance arrives  |
| **Contraindications** | No absolute contraindication to adrenaline in an emergency.  |
| **Precautions** | * Monitor blood pressure and heart rate
* Adrenaline can cause severe hypertension and bradycardia in those taking non-cardio selective beta-blockers
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| **Indication** | **Treat with oxygen if respiratory distress, stridor or wheeze.** |
| **Medicine** | **Oxygen** |
| **Dosage instructions** | Administer at high flow (6-8 L/min) rate to maintain oxygen saturation at >94% RA  |
| **Route of administration** | Simple mask |
| **Quantity to be given** | 6-8 L/minute |
| **Contraindications** | None |
| **Precautions** | * COPD, morbid obesity, those on home O2, those on home CPAP or BiPAP. These patients O2 flow rates should be titrated to patient’s normal SpO2 if this is known. If not known, titrate O2 to SpO2 of 88-92%.
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| **Indication** | **Treat hypotension and signs of poor perfusion with Sodium Chloride bolus. Massive fluid shifts with severe loss of intravascular volume can occur.** |
| **Medicine** | **Sodium Chloride 0.9% (normal saline) IV fluid** |
| **Dosage Instructions** | Fluid resuscitation should be initiated immediately in patients who present with orthostasis, hypotension, or incomplete response to intramuscular adrenaline. |
| **Route of Administration** | Intravenous |
| **Quantity to be given** | Adult: 500mL- 1 L rapid infusion bolusChild: 20mL/kg |
| **Contraindications** | None in the event of anaphylaxis and extravascular fluid shift. |
| **Precautions** | Monitor continuously: heart rate, blood pressure, oxygen saturations, conscious state and clinical response. Monitor for volume overload, taking particular care with children and the elderly. |
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| **Additional information** | Request URGENT backup immediatelyImmediate removal of the antigen, if possible (e.g., stop infusion of a suspect medication).Intramuscular injection of adrenaline is preferred over subcutaneous, as it provides a more rapid increase in plasma and tissue concentrations. Preferred site is the lateral thigh. If this site is not suitable, use the lateral upper arm. The buttocks are NOT recommended as an injection site. Placement of the patient in the supine position with the lower extremities elevated, or if difficulty breathing or vomiting, placement of the patient semi-recumbent with lower extremities elevated. Place pregnant patients on their left side. |
| **Follow-up** | Discuss admission to hospital for observation, with medical practitioner , even if symptoms have resolved. Arrange for self-administered adrenaline if trigger unknown or repeat exposure is unavoidable.All cases of anaphylaxis to medication should be reported to the Centre for Adverse Reaction Monitoring at <https://nzphvc.otago.ac.nz/>  |
| **Countersigning and auditing** | Countersigning is not requiredAudit: 50% monthly of administration and/ or supply records if there are 20 or fewer in total.20-30% of administration and/ or supply records if they are in the range of 21-100. |
| **Competency/training requirements** | All healthcare professionals working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | HealthPathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) ANZCOR - <https://www.anzcor.org/home/algorithms-and-flowcharts/>Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Immunisation Handbook <https://www.tewhatuora.govt.nz/for-health-professionals/clinical-guidance/immunisation-handbook/>Standing Order Guidelines, Ministry of Health, <https://www.health.govt.nz/publication/standing-order-guidelines>St John Clinical Procedures & GuidelinesUpToDate. Anaphylaxis: rapid recognition and treatment at <http://www.uptodate.com>  |
| **Definition of terms used in standing order** | Angioedema - is a skin reaction similar to hives or urticaria. It is most often characterised by an abrupt swelling of the skin and mucous membranes. All parts of the body may be affected but swelling most often occurs around the eyes and lips. In severe cases the internal lining of the upper respiratory tract and intestines may also be affected.Urticaria - commonly referred to as hives, is a kind of skin rash notable for pale red, raised, itchy bumps. Hives may cause a burning or stinging sensation.CPAP - Continuous Positive Airway Pressure machine for sleep apnoea.BiPAP - Bilevel Positive Airway Pressure machine for sleep apnoea. |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

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| **Healthcare professional operating under Anaphylaxis Standing Order** |

Only registered healthcare professionals working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

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