 **Anaphylaxis Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Anaphylaxis |
| **Rationale** | To rapidly treat patients who are presenting with anaphylaxis. |
| **Scope (condition and patient group)** | All patients presenting with anaphylaxis (which is a potentially fatal hypersensitivity reaction), 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 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. urticaria, lip angioedema, abdominal pain) do not have anaphylaxis. First line treatment is with antihistamines. |
| **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 **0.01 mL/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 |
| **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** | Intravenous access should be obtained in case fluid resuscitation is required. 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: 500 mL- 1 L rapid infusion bolusChild: 20 mL/kg |
| **Contraindications** | None in the event of anaphylaxis and extravascular fluid shift. |
| **Precautions** | * Patients should be monitored carefully and continuously for clinical response and for volume overload, taking particular care with children and the elderly.
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| **Additional information** | Immediate removal of the inciting antigen, if possible (eg, stop infusion of a suspect medication).Request URGENT backup immediatelyIntramuscular 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** | Admission to hospital is essential for observation, even if symptoms have resolved. Self-administered adrenaline needs to be considered if trigger unknown or repeat exposure is unavoidable.All cases of anaphylaxis should be reported to the Centre for Adverse Reaction Monitoring at <https://nzphvc.otago.ac.nz/>  |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.**OR** Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses 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) 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 2014 at <http://www.health.govt.nz/system/files/documents/publications/immunisation-handbook-may14-v5_0.pdf> Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations)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 and short-lived 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** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses 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.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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