AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

FACT SHEET for clinicians

Acute Anaphylaxis

Clinical Care Standard

The goal of the Acute Anaphylaxis Clinical Care Standard is to improve the recognition of anaphylaxis and the provision of appropriate treatment and follow-up care.

1 Prompt recognition of anaphylaxis

A patient with acute-onset clinical deterioration with signs or symptoms of an allergic response is rapidly assessed for anaphylaxis, especially in the presence of an allergic trigger or a history of allergy.

2 Immediate injection of intramuscular adrenaline

A patient with anaphylaxis, or suspected anaphylaxis, is administered adrenaline intramuscularly without delay, before any other treatment including asthma medicines. Corticosteroids and antihistamines are not first line treatment for anaphylaxis.

3 Correct patient positioning

A patient experiencing anaphylaxis is laid flat, or allowed to sit with legs extended if breathing is difficult. An infant is held or laid horizontally. The patient is not allowed to stand or walk during, or immediately after, the event until they are assessed as safe to do so, even if they appear to have recovered.

4 Access to a personal adrenaline injector in all healthcare settings

A patient who has an adrenaline injector has access to it for self-administration during all healthcare encounters. This includes patients keeping their adrenaline injector safely at their bedside during a hospital admission.

5 Observation time following anaphylaxis

A patient treated for anaphylaxis remains under clinical observation for at least four hours after their last dose of adrenaline, or overnight as appropriate according to the current Australasian Society of Clinical Immunology and Allergy *Acute Management of Anaphylaxis* guidelines. Observation timeframes are determined based on assessment and risk appraisal after initial treatment.

6 Discharge management and documentation

Before a patient leaves a healthcare facility after having anaphylaxis, they are advised about the suspected allergen, allergen avoidance strategies and post-discharge care. The discharge care plan is tailored to the allergen and includes details of the suspected allergen, the appropriate ASCIA Action Plan, and the need for prompt follow-up with a general practitioner and clinical immunology/allergy specialist review. Where there is a risk of re-exposure, the patient is prescribed a personal adrenaline injector and is trained in its use. Details of the allergen, the anaphylactic reaction and discharge care arrangements are documented in the patient's healthcare record.

More resources

The *Acute Anaphylaxis Clinical Care Standard* and other resources can be downloaded from **safetyandquality.gov.au/anaphylaxis-ccs**

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

11/2021

safetyandquality.gov.au