

Acute Anaphylaxis

Clinical Care Standard

What is anaphylaxis?

Anaphylaxis is a severe form of allergic reaction that is potentially life-threatening, especially if not treated immediately. 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.

What is the Acute Anaphylaxis Clinical Care Standard?

The *Acute Anaphylaxis Clinical Care Standard* contains six quality statements describing the care that you should expect to receive if you experience anaphylaxis.

This guide explains each quality statement and what it means for you.

For more information or to read the full clinical care standard visit: safetyandquality.gov.au/anaphylaxis-ccs

1 Prompt recognition of anaphylaxis



What the standard says

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.

What this means for you

If you have sudden difficulty in breathing, swelling of your face, tightness in your throat, persistent dizziness, hives, or other symptoms that could indicate an allergic reaction, your clinician will assess if you are experiencing anaphylaxis, the most severe form of allergic reaction. Abdominal pain with or without vomiting can also be a sign of anaphylaxis, usually for people allergic to insect bites or stings.

A reaction can occur within minutes or several hours after exposure to a trigger (also called an 'allergen'). Your clinician will ask about food and drinks in the past few hours, medicines used and any insect bites or stings, as these are the most common triggers of anaphylaxis.

A mild or moderate allergic reaction can rapidly become severe (anaphylaxis). Be aware of the symptoms and signs of anaphylaxis so you can recognise if this is happening.

If you have an allergy or have had anaphylaxis before, it is important to let your clinician know. If you have asthma, are at risk of anaphylaxis, and experience sudden difficulty in breathing, this should be treated as anaphylaxis.

2 Immediate injection of intramuscular adrenaline

3 Correct patient positioning

“

What the standard says

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.

What this means for you

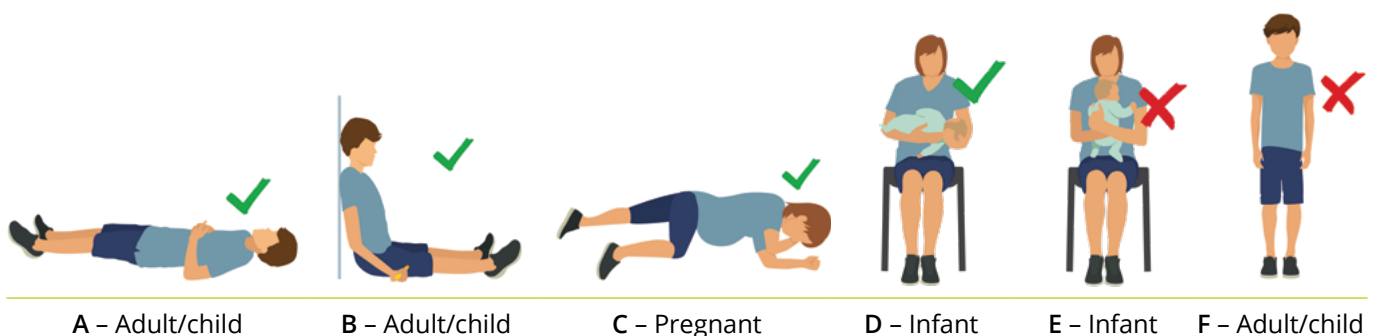
If a clinician believes you are experiencing anaphylaxis, they will immediately give you an injection of adrenaline into the outer mid-thigh muscle.

When you recognise the signs of anaphylaxis use your adrenaline injector without delay (if you have been prescribed one) and call for help immediately. Give the intramuscular injection of adrenaline into your outer mid-thigh. Using your adrenaline injector when you first have symptoms of anaphylaxis can help reverse the allergic reaction and prevent it from becoming life-threatening. If you are not sure, it is safer to use adrenaline than to wait for your symptoms to get worse. The adrenaline injection should work within minutes. If you do not start to feel better after five minutes, use a second adrenaline injector, if you have one.

Adrenaline lessens the effects of anaphylaxis by reducing throat swelling, opening the airways, and maintaining heart function and blood pressure.

Other medicines (including non-sedating antihistamines and asthma medicines) that relieve symptoms such as itchy or red skin and breathlessness should only be used after adrenaline, and will be prescribed and/or given if considered necessary.

Figure 1: Correct positioning during and after an anaphylaxis event



A – Adult/child

B – Adult/child

C – Pregnant

D – Infant

E – Infant

F – Adult/child

“

What the standard says

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.

What this means for you

When you are experiencing anaphylaxis you will be advised to lie flat (see **Figure 1**, position **A**), or sit with your legs outstretched if breathing is difficult (see position **B**). Your legs can be elevated if you feel faint. If you are pregnant you should lie on your left side to ensure continued blood circulation to your baby (see position **C**). An infant should be held horizontally across your body (see position **D**). Do not hold an infant upright or over your shoulder (see position **E**).

If you stand up too quickly after anaphylaxis, your blood pressure may drop dangerously. You should not stand up after having adrenaline – wait until a clinician assesses it is safe for you to get up. Do not stand or walk anywhere (see position **F**), even to the bathroom, ambulance or into the emergency department. This is usually a minimum of one hour after one dose of adrenaline or four hours if more than one dose is given.

4 Access to a personal adrenaline injector in all healthcare settings

“

What the standard says

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.

What this means for you

If you have a personal adrenaline injector (such as an EpiPen or Anapen) and know how to use it, you should:

- Keep it close by while you are being treated in a health service, hospital, ambulance or clinic
- Tell your healthcare team that you have an adrenaline injector and arrange with them to keep it near you during your care
- Keep the adrenaline injector with your ASCIA Action Plan for Anaphylaxis in an unlocked location that you can easily reach.

If your child is admitted to hospital, their adrenaline injector can be kept at their bedside for you or staff to use if necessary.

Your healthcare team may want to confirm that you know how and when to use your adrenaline injector, and that it is safe to use.

If you believe you are having an allergic reaction and experience symptoms such as breathing difficulties, faintness, swelling of your tongue or tightness of your throat while in health care, lie down (or sit with your legs outstretched if breathing is difficult), use your adrenaline injector without delay and alert a staff member immediately.

5 Observation time following anaphylaxis

“

What the standard says

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 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.

What this means for you

When you have been treated for anaphylaxis you will be kept under clinical observation for at least four hours after the last injection of adrenaline. Adrenaline has a short duration of action and wears off quickly.

Occasionally some people have another episode of anaphylaxis without coming into contact with their allergic trigger and require further treatment with adrenaline. This is called 'biphasic anaphylaxis'. A clinician will review your risk of recurrence of anaphylaxis and re-exposure before you are discharged.

In some cases you may need to be admitted overnight for observation after having anaphylaxis if:

- You have received more than one dose of adrenaline to treat your anaphylaxis
- You have a history of severe asthma
- You have arrived late in the evening
- You live alone or a long way from healthcare services
- Your adrenaline injector cannot be replaced before you get home and you do not have another one.

6 Discharge management and documentation



What the standard says

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.

What this means for you

Before you are discharged from hospital or a healthcare service, your clinician will talk to you about the cause or 'trigger' for the anaphylaxis (if known), and how to manage your allergy. These triggers are also called allergens. It is important that you know the trigger for your anaphylaxis so you can avoid it. You also need to know how to recognise an allergic reaction and what to do in case of another severe allergic reaction. In some cases, your trigger may not be known and further tests may be needed.

Before you are discharged it is important that you receive:

- Information about your allergic trigger and how to avoid it
- An ASCIA Action Plan that includes information about
 - How to recognise an allergic reaction including anaphylaxis. Anaphylaxis may be different each time, so it is important that you can recognise all of the symptoms
 - How to use the adrenaline injector, if prescribed
- Advice to see your general practitioner (GP) promptly, within one week

- Information on how to arrange an appointment with a clinical immunology/allergy specialist. If this is your first anaphylaxis event, the specialist will help to confirm the cause of your anaphylaxis, and advise you about how to manage your allergy. Ask your GP to refer you to an allergy specialist as soon as possible, if arrangements are not made by the hospital. If you already have a regular specialist, arrange to see them for follow-up
- Advice about wearing special jewellery to identify that you have an allergy.

If there is a risk of re-exposure to the trigger, you will also be given a personal adrenaline injector or a prescription for this medicine. If you are given a prescription, it is very important that you go to a pharmacy to get the adrenaline injector as soon as possible, preferably on the way home. Anaphylaxis could occur at any time and you will need to keep an adrenaline injector with you all the time. You, and your family or carer, should be trained on how to use the adrenaline injector.

If your anaphylaxis was caused by a medicine, you will be given an ASCIA Action Plan for Drug (Medication) Allergy and a record of the details of your drug allergy such as an ASCIA Record for Drug (Medication) Allergy. These will be filled out with your details. In the future, you will need to tell healthcare staff who may prescribe, or provide you with medicines, about your allergy. It is important that you know the medicine's active ingredient name so that so you can avoid it, and that this is accurately recorded in your healthcare record.

You can also enter or update information about your allergies within your My Health Record. A guide for consumers can be found at: nationalallergystrategy.org.au/projects/australian-digital-health-agency/consumers.

You can use the ASCIA Event record for allergic reactions to make a record of the anaphylaxis event: allergy.org.au/hp/anaphylaxis/anaphylaxis-event-record.

Information for ongoing support services available in the community, such as the Allergy & Anaphylaxis Australia information and advice line (1300 728 000), and Australasian Society of Clinical Immunology and Allergy (ASCI) information leaflets and website will be given to you.

Where to get more information

- [Anaphylaxis discharge checklist and discussion guide](#) – to know what steps to take after leaving the healthcare facility
- A&AA (allergyfacts.org.au) leaflets, videos, training, and information and advice line (1300 728 000)
- ASCIA website (allergy.org.au/patients/information)
 - [anaphylaxis for patients, consumer and carers](#) (translated resources)
 - [anaphylaxis fact sheet for parents](#) (English and other languages)
- ASCIA Action Plans for Anaphylaxis and Drug Allergy (allergy.org.au/hp/ascia-plans-action-and-treatment and allergy.org.au/hp/drug-allergy/ascia-action-plan-for-drug-medication-allergy)
- ASCIA Record for Drug (Medication) Allergy (allergy.org.au/hp/drug-allergy/ascia-record-for-drug-medication-allergy)

Information about trigger avoidance

- Food allergy – dietary avoidance information – allergy.org.au/patients/food-allergy/ascia-dietary-avoidance-for-food-allergy
- Insect allergy – allergy.org.au/patients/insect-allergy-bites-and-stings

Useful resources

After an anaphylaxis event you may want to:

- Watch a video explaining the signs and symptoms of anaphylaxis allergyfacts.org.au/allergy-anaphylaxis/signs-symptoms
- Keep a record of the anaphylaxis event to give your doctor or other health professional allergy.org.au/hp/anaphylaxis/anaphylaxis-event-record
- Add allergy information to your My Health Record. Find out how at nationalallergystrategy.org.au/projects/australian-digital-health-agency/consumers
- Report an allergic reaction from food eaten at a restaurant or café foodallergyeducation.org.au/reporting

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.