ANAPHYLAXIS

RECOGNISE
Flushed skin  Itching  Skin rash
Wheeze  Tachycardia  Sweaty/shocked
Swelling  Nausea/vom  Abdo pain
Stridor / voice changes  Low BP

DIAL 999  record time
PHONE SURGERY IF OPEN  722621

TREAT

- Lie patient FLAT with LEGS ELEVATED
- Ensure AIRWAY clear
- Administer OXYGEN at 15 L using 100% mask with bag
- Give ADRENALINE 0.5 mg (= 0.5ml) IM
- Give CHLORPHENAMINE
  - Under 12 yrs : 5-10mg IM  give once
  - Over 12 yrs : 10-20mg IM (give orally if can tolerate, otherwise IM)
- Give HYDROCORTISONE
  - Under 12 yrs : 100mg IM/IV  give once
  - Over 12 yrs : 100-500mg IM/IV
- Give further ADRENALINE 5 minutes after initial dose if no improvement – may be repeated at 5 minute intervals
- Give SALBUTAMOL NEBULES 5mg
  - Via OXYGEN cylinder at 15 L
  - This may be repeated every 5 minutes if necessary
About Anaphylaxis

Anaphylaxis Overview

Anaphylaxis (also known as anaphylactic shock) is an allergic condition that can be severe and potentially life threatening. Anaphylaxis is your body's immune system reacting badly to a substance (an allergen), such as food. The whole body can be affected, usually within minutes of contact with a substance, though the reaction can occur hours later.

- Anaphylaxis can cause the following symptoms in the body
- Skin: Itching, flushing, hives (urticaria), rash or swelling (angioedema)
- Eyes: Itching, tearing, redness, or swelling around the eyes
- Nose and mouth: Sneezing, runny nose, nasal congestion, swelling of the tongue, or a metallic taste
- Lungs and throat: Difficulty breathing, coughing, chest tightness, wheezing or other sounds of laboured breathing, increased mucus production, throat swelling or itching, hoarseness, change in voice, or a sensation of choking
- Heart and circulation: Dizziness, weakness, fainting, rapid, slow, or irregular heart rate, or low blood pressure
- Digestive system: Nausea, vomiting, abdominal cramps, or diarrhoea
- Nervous system: Anxiety, confusion.
- Feeling of impending doom A more severe form of anaphylaxis can result in sudden collapse without any other warning

How to use your EpiPen®

Auto-Injector

You and a family member or carer should review instructions provided with the EpiPen® (adrenaline) Auto-Injector each time you are dispensed a new device in case there are changes. Instructions may differ from one auto-injector to another.

Register any new device for an expiry alert

EpiPen® or EpiPen® Jr (adrenaline) Auto-Injector® are adrenaline auto-injectors and contain one single dose per injector. They are available in two different doses, one intended for older children and adults, and the other for use in young children.

- Stay with other people if possible. There is no need to undress, because the injector works through clothing. However, when possible, lift the edge of a skirt or lower trousers to avoid hitting a buckle, zipper, or contents of your pocket
- Hold the injector in your dominant hand with the grey safety cap nearest your thumb. The black end contains the needle and should be facing down. Remove safety cap
- From a distance of about 10 cm swing the EpiPen® (adrenaline) Auto-Injector towards the outer thigh and jab black end into thigh, through clothing if necessary.
- Hold in place for 10 seconds to allow all the medicine to be injected
- Remove the pen and massage the injected area for 10 seconds
- Call 999 and state ANAPHYLAXIS. Do not drive yourself to hospital as allergic reactions sometimes come back
- Hand the used EpiPen® (adrenaline) Auto-Injector to the ambulance or hospital staff for safe disposal
- Each Auto-Injector device can only be used once. If symptoms don't get better or get worse you can administer a second EpiPen® (adrenaline) Auto-Injector after 5-15 minutes.
EMERGENCY ACCIDENT PROCEDURE

Very Serious Emergency

In the event of an emergency clearly requiring immediate hospital attention (e.g. a serious road accident):-

- Dial (9)999
- Ask for an ambulance
- Give the exact location of the accident – if postcode known even better
- Inform the School Medical Centre
- Give the name of the injured person if possible
- Send someone to wait for the ambulance and give directions

Do not attempt to move the injured person if there is any possibility of a fracture of the neck or spine, wait until the injured person has been checked over by a paramedic or doctor.

- Keep the patient warm
- Keep talking to reassure the injured patient
- Do not give any medication
- Do not give any fluids
- **STAY WITH THE INJURED PATIENT UNTIL HELP ARRIVES**

The Medical Centre will:-

- Attend the situation – if possible to do so - may have in-patients)
- Give clear instruction of emergency guidance if required
- Call the house matron / Housemaster / Tutor to attend and be ready to go to hospital with the injured patient
- Organise any consent form or medical history to go with the injured person
- Contact Headmaster or Deputy in his absence
Less Serious Emergency

When a person is injured (at games or otherwise), and may need ambulance transport, the member of staff should if possible, stay with the patient and send someone to telephone:

- School Medical Centre on 555 or 01572 758555
- Explain the nature of the accident
- Where it happened
- Name the patient – if known

The Medical Centre staff will give advice over the phone or call for immediate help.

GM Grant

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