The Prince of Wales Hospice, Pontefract

Policy for the management of anaphylactic reactions

Preamble

Anaphylaxis is a potentially life-threatening systemic allergic reaction. Anaphylactic reactions may occur after exposure to a variety of agents, the most common being insect stings, drugs (e.g aspirin, NSAIDs, contrast media), blood products and some foods (peanut and tree nuts being the most significant). There is no reliable data on the incidence of anaphylaxis in the general population and no reports of its prevalence in palliative care units. However, because of the nature of the treatments offered at the hospice, it is likely to be very uncommon amongst patients. The mostly likely scenario would be an anaphylactic reaction in a member of staff or a visitor (adult or child) as the result of a known hypersensitivity or an insect sting.

Anaphylactic reactions may be difficult to diagnose because of a lack of any consistent clinical manifestation and a wide range of possible presentations. Anaphylactic reactions may vary in severity, and although clinical manifestations typically develop within minutes of exposure to the allergen, reactions may be delayed by a few hours.

Box 1: Clinical features of anaphylaxis

Common Signs	Other symptoms
Hypotension **Respiratory difficulties: wheeze, stridor** **Angio-oedema** Urticaria Flushing Tachycardia	Rhinitis Conjunctivitis Abdominal pain Vomiting and diarrhoea Sense of impending doom

It may be difficult to differentiate between anaphylaxis and a panic attack (victims of previous reactions may be particularly prone to panic attacks).

Treatment Notes

1. Adrenaline should **only** be administered intramuscularly (I.M.) not intravenously (risk of ventricular arrhythmias) nor subcutaneously (slow absorption).
2. Adrenaline for I.M. use should be in a dilution of 1:1000 (as contained in the anaphylaxis drug box), **not** the 1:10 000 dilution used iv for cardiac arrests (not stored at the Prince of Wales Hospice).
3. The Nursing and Midwifery Council acknowledge that it may be necessary to administer a named medicine in an identified clinical situation according to specific written instructions.

Policy

1.0 Non-clinical staff member informs registered nurse (RN) immediately on discovering a distressed patient, visitor or member of staff.

2.0 RN follows agreed procedures if he/she suspects the distressed person may be having an anaphylactic reaction.

3.0 RN will receive training/education on anaphylactic reactions as part of their induction programme/ongoing development

4.0 An 'anaphylactic drug' box will be stored in the treatment room.

Procedure – anaphylactic reaction in staff and visitors

5.0 The RN will:

1. Dial 999 and request an ambulance for a suspected anaphylactic reaction
2. Summon help from colleagues, and medical staff if on site
3. Recline the victim in a position of comfort [1]
4. Administer high flow oxygen (10-15 l/min)
5. Perform basic life support if the need arises
6. If the person has had a previous anaphylactic reaction they may carry pre-loaded devices to administer adrenaline (Epipen, Min-I-Jet), which may be administered by the patient, carer or nurse
7. If a doctor is on site, the treatment algorithm, anaphylactic reactions for adults / children for first medical responder, should be followed (see appendix one)
8. If a doctor is not on site and the nurse feels confident he/she may administer salbutamol and adrenaline as per the treatment algorithm without a doctor's prescription. A doctor should countersign the administration at the earliest opportunity.
9. The person should be transferred to hospital.

Procedure – anaphylactic reactions in patients

6.0 If RN suspects the patient may be having an anaphylactic reaction he/she will:

1. Discontinue any drug or blood infusion.
2. Summon help from colleagues, and medical staff if on site
3. Recline the victim in a position of comfort [1]
4. Administer high flow oxygen (10-15L/min)

Unless the patient is moribund and death is expected within the next 24-48 hours proceed as follows

5. If a doctor is on site, the treatment algorithm (anaphylactic reactions for adults for first medical responder) should be followed
6. If no doctor is on site and the nurse feels confident he/she may administer salbutamol and adrenaline as per the treatment algorithm without a doctor's prescription. A doctor should counter sign the administration at the earliest opportunity.
7. If no doctor is on site the nurse will discuss with the on-call doctor or consultant what treatment is necessary. Depending on the location of the doctor and the clinical state of the patient, this may involve requesting the nurse to administer drugs, transfer of the patient to hospital or an assessment by the on-call doctor.

References

Ewan PW. Anaphylaxis. BMJ 1998;316:1442-5

Fisher M. Fortnightly review: Treatment of acute anaphylaxis. BMJ 1995;311:731-3

NMC Guidelines for the administration of Medicines 2002.

Resuscitation Council (UK). The Emergency Medical Treatment of Anaphylactic Reactions for First Medical Responders and for Community Nurses 2002.

1 Lying flat +/- leg elevation may help hypotension but be unhelpful for breathing difficulties.