



ANAPHYLAXIS KIT

CONTENTS:

1. Adrenaline 1:1,000 (minimum of 3 ampoules – check expiry dates),
2. 1mL syringes x 3, 21 & 23 gauge needles 25 mm length (for IM injection),
3. gauze swabs,
4. pen & paper to record time of administration
5. digital timer

MANAGEMENT OF ANAPHYLAXIS

1. If the patient is:
 - a. Unconscious - place him/her on the left side to keep the airway clear.
 - b. Conscious – place supine in 'head down & feet up' (unless breathing difficulties occur)
2. **Give adrenaline** by deep intramuscular injection into the thigh (not the deltoid region) unless there is a strong central pulse and the patient's condition is good. See below table for dosage.
3. **If there is no improvement in the patient's condition by 5 minutes, repeat doses should be given every 5 minutes until improvement occurs.**
4. **Give oxygen** by mask at high flow rate (if available).
5. Send for professional assistance & call an ambulance. Never leave the patient alone.
6. Begin **expired air resuscitation** for apnoea, check for a central pulse. If central pulse not palpable, commence external cardiac massage (ECM).

ADRENALINE DOSAGES

The recommended dose of 1:1,000 adrenaline is 0.01 mg/kg body weight given by deep intramuscular injection. Adrenaline 1:1,000 contains 1 mg of adrenaline per mL. The following table lists the doses of 1:1,000 adrenaline to be used if the exact weight of the individual is not known.

DOSES OF 1:1,000 ADRENALINE FOR INFANTS AND CHILDREN	
Less than 1 year	0.05-0.1mL
1- 2 years (approx 10kg)	0.1mL
2 – 3 years (approx 15kg)	0.15mL
4 – 6 years (approx 20kg)	0.2mL
7 – 10 years (approx 30kg)	0.3mL
11 – 12 years (approx 40kg)	0.4mL
13 years and over	0.5ml

If no improvement repeat every 5 minutes as necessary until there is a clinical improvement.
All cases should be admitted to hospital for further observation and treatment.