

# Acute Anaphylaxis Clinical Care Standard

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

## Quality statements

### 1 Prompt recognition of anaphylaxis

A patient with acute-onset clinical deterioration with signs or symptoms of a severe 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 not held upright. The patient should not be 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 with anaphylaxis is observed in a healthcare facility for at least 4 hours after their last dose of adrenaline, or overnight as appropriate according to the ASCIA *Acute Management of Anaphylaxis Guideline*. Observation timeframes are determined based on assessment and risk appraisal after initial treatment.

### 6 Discharge management

Before a patient leaves a healthcare facility after having anaphylaxis they are equipped to respond safely in case of a recurrence. They receive an anaphylaxis action plan, an adrenaline injector or prescription if there is risk of re-exposure to the allergen, and education on allergy management strategies. Arrangements for a consultation with their general practitioner and a clinical immunology/allergy specialist are included in the discharge care plan and explained to the patient.

#### Disclaimer

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.