AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

FACT SHEET
for consumers

Acute Anaphylaxis Clinical Care Standard

What is anaphylaxis?

Anaphylaxis is the most severe form of allergic reaction. Anaphylaxis is potentially life threatening if not treated immediately. 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.

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 fact sheet explains each quality statement and what it means for you.

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

1 Prompt recognition of anaphylaxis

What the standard says

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.

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 healthcare provider will assess if you are experiencing the most severe form of allergic reaction, anaphylaxis. If you experience anaphylaxis due to an insect bite or sting you may have abdominal pain and/or vomiting.

The most common triggers of anaphylaxis are food, insect bites or stings, and medicines. Your clinician will ask what you have eaten, whether you have had an insect bite or sting, or have had any medicines. A reaction can occur within minutes or several hours after exposure to a trigger (also called an ‘allergen’).

A mild or moderate allergic reaction may progress to anaphylaxis so 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 about this. If you have asthma and are at risk of anaphylaxis and experience sudden difficulty in breathing, this should be treated as anaphylaxis.

2 Immediate injection of intramuscular adrenaline

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

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

If you have an adrenaline injector and you recognise the signs of anaphylaxis (a severe allergic reaction), use the adrenaline injector without delay and call for help immediately. Using your adrenaline injector when you suspect anaphylaxis can prevent the allergic reaction progressing to a life threatening reaction. If you are not sure, it is safer to use adrenaline than to wait for your symptoms to get worse.

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) to relieve symptoms such as itchy or red skin, and breathlessness, should only be used after adrenaline, if necessary.

3 Correct patient positioning

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 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.

What this means for you

When you are experiencing anaphylaxis you will be advised to lie flat, or sit with your legs extended if breathing is difficult. Your legs can be elevated if you feel faint. An infant should be held horizontally (lying down), and they must not be held upright.

If you stand up too quickly after anaphylaxis, your blood pressure may drop dangerously. Do not stand or walk anywhere, even to the bathroom. After you have been treated, you should wait until a clinician assesses it is safe for you to get up. This is usually after a minimum of 1 hour.

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 normally have a personal adrenaline injector (such as EpiPen or Emerade) and know how to use it, you should be able to have it close by while you are receiving care in a health service, including a 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. Your healthcare team may want to confirm that you know how and when to use your adrenaline injector.

If you experience symptoms, especially difficulty breathing, faintness or swelling of your tongue or throat, whilst in health care, lay down (or sit with your legs extended 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 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.

What this means for you

When you have been treated in a healthcare facility for anaphylaxis you will be kept under medical supervision for at least 4 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. A clinician will review your risk of re-exposure or recurrence of anaphylaxis before you are discharged.

In some cases you may need to be admitted overnight for observation after having anaphylaxis. For example, if you have received more than one dose of adrenaline to treat your anaphylaxis, have a history of severe asthma, have arrived late in the evening, live alone or a long way from health care services, or if your adrenaline injector cannot be replaced before you get home and you do not have another one.

6 Discharge management

What the standard says

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.

What this means for you

Before you are discharged from a health care service, your clinician will discuss with you the ongoing management for your allergy, and provide you with information about reducing the risk of anaphylaxis. Together, a clinician will develop a care plan with you in a format that you understand. It is important that you know what to do if you have another allergic reaction and that, where possible, the triggers for your anaphylaxis have been correctly identified so you can avoid it happening again. These triggers are also called allergens. For example, if you are allergic to a medicine, such as an antibiotic, you need to know its active ingredient name so that so you can avoid it, and so that it is accurately recorded on your healthcare record.

Following an anaphylaxis event you should have:

- An adrenaline injector or a prescription for one
- Information about anaphylaxis
- An ASCIA Action Plan for Anaphylaxis
- A referral or appointment to see to a clinical immunology/allergy specialist
- A care plan that describes the ongoing care required for your allergy.

If you are at risk of future exposure to your trigger, you will be given or prescribed an adrenaline injector when you are discharged from the health service organisation. If you are given a prescription, it is very important that you go to the pharmacy, preferably on the way home, to get your adrenaline injector. You will need to keep the adrenaline injector with you at all times. You will be advised on the need for medical identification jewelry.

You and your family or carer, will be taught how to recognise the signs and symptoms of anaphylaxis so that you know when to use the adrenaline injector. You will be given

instructions on how to use and store the adrenaline injector. You will be given an ASCIA Action Plan for Anaphylaxis, which explains exactly what to do if you have the symptoms and signs of anaphylaxis.

If you have not seen an allergy specialist before, you will be given a referral or an appointment. Your clinical immunology/allergy specialist can help confirm what triggers your anaphylaxis, and explain how to prevent and manage anaphylaxis. If you already have a regular specialist, it is preferred you see them for follow-up.

Visit your general practitioner (GP) with a copy of your care plan and ASCIA Action Plan for Anaphylaxis within one week after discharge from the health service organisation. If you do not have a referral or appointment for a clinical immunology/allergy specialist, ask your GP to refer you to one as soon as possible.

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 (ASCIA) information leaflets and website will be given to you.