

POSSIBLE ALLERGIC REACTION?

Contact with known/potential trigger (drug, food allergen, insect bite)

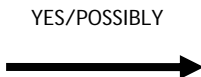
Itching

Erythema of skin - painless



COULD IT BE ANAPHYLACTIC IN NATURE?

- Rapid onset of symptoms
- Previous event after contact with same trigger
- Abnormal ABC parameters
 - Airway compromise - e.g. stridor
 - Respiratory rate <10 or >29
 - Oxygen saturation <92% on air
 - Pulse rate <50 or >120
 - Systolic BP <90
 - GCS <12



RESUSCITATE AS REQUIRED AND ADMIT TO HOSPITAL ASAP

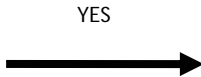
- Administer adrenaline if not already (see text) and repeat every 5 mins if no clinical improvement
- Administer i.v. chlorpheniramine and hydrocortisone
- Consider beta-2 agonist if wheezing present

NO



IS THERE EVIDENCE OF (POTENTIAL) SYSTEMIC UPSET?

- Patient feels "ill" - esp. feeling of 'impending doom'
- Evidence of acute gastrointestinal upset (e.g. cramps, diarrhoea)
- Progression of symptoms with time (usually minutes)
- Other symptoms of concern

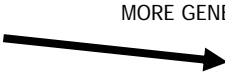


CONSIDER ANAPHYLAXIS AS THE DIAGNOSIS AND TREAT APPROPRIATELY

IF IN DOUBT, DISCUSS WITH MEDICAL REGISTRAR ON CALL OR SENIOR A&E STAFF



IS THE AREA OF SKIN AFFECTED LOCALISED OR GENERALISED ?



CAN USUALLY BE TREATED AT HOME BUT SHOULD BE REVIEWED WITHIN 24 HRS

- Advise oral anti-histamine e.g. cetirizine - can be bought over the counter. See text for dose
- Consider 1 dose of oral prednisolone (30mg for adults, 1mg/kg for children) if rash very red or itchy
- Apply cold compresses for 10 mins/hr for relief of itch
- Avoid applying heat to affected area

LOCALISED



CAN USUALLY BE TREATED AT HOME

- Advise oral anti-histamine e.g. cetirizine - can be bought over the counter. See text for dose
- Apply cold compresses for 10 mins/hr for relief of itch
- Avoid applying heat to affected area
- Review within 24 hrs if not improved