Any acute onset of:
• Hypotension or
• Upper airways obstruction or
• Bronchospasm
where anaphylaxis is considered even if typical skin features are not present

IM Adrenaline

0.01mg/kg
of 1:1000 (1mg/mL)
immediately

If remains symptomatic:
• Administer 2nd dose of
IM Adrenaline

Shocked or hypotensive patient

• IV bolus 20mL/kg of 0.9% saline
• Insert additional wide bore IV
• ED Senior Doctor review
• Admit under General Paediatric Team
• Consider PICU

If anaphylaxis resolved:
• Admit to ED Observation Ward for 4 hours post adrenaline (in case of biphasic reaction)
• Provide education and discharge with Epipen (unless < 1yr)
• Discuss anaphylaxis action plan
• Do not discharge overnight
• Refer to Immunology OPC

Additional measures

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<tr>
<th>Persistent Wheeze</th>
<th>Upper Airway Obstruction</th>
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| • Salbutamol via spacer  
- 6 puffs < 6 years  
- 12 puffs ≥ 6 years  
• Consider adrenaline infusion  
• Admit PICU | • Nebulised adrenaline 5mls of 1:1000  
• Prepare for intubation if difficult airway  
• Consider adrenaline infusion  
• Admit PICU |