Primary Options for Acute Care

Primary Options for Acute Care
ph 09 535 7218
fax 09 535 7154
poac@easthealth.co.nz
www.poac.co.nz

POAC CLINICAL POLICY

POAC POLICY - ANAPHYLAXIS

POAC funds the four hour observation time at a fixed rate only for patients:

who respond within a few minutes to a single dose ONLY of IM adrenaline

AND

where a medical facility (GP surgery or Urgent Care facility) is confident it has the clinical expertise and the resources to undertake a minimum of four hours observation

AND

where IV access has been established in the event it is required

POAC **does not** fund observation under any circumstances for the following:

- where administration of more than one dose of adrenaline is required,
- severe reactions with slow onset caused by idiopathic anaphylaxis,
- patients with severe asthma or asthmatic component,
- reactions with possibility of continuing absorption of allergen,
- patients with previous history of biphasic reactions,
- patients who live alone

These patients should be referred to hospital

Clinical policy date: August 2019
Clinical policy review date: August 2021

Observation is defined as the sighting and assessment of the patient every ten minutes for signs of the following:

- temperature (e.g. Pyrexia, flushing)
- heart rate (e.g. tachycardia, irregularity)
- blood pressure (e.g. hypotension)
- airway (e.g. facial/oropharyngeal swelling)
- respiration (e.g. rate, stridor, wheezing) and monitoring of pulse oximetry
- cutaneous reactions (e.g. pruritus, urticarial, face swelling)
- gastro-intestinal symptoms (e.g. nausea, vomiting, abdominal pain, diarrhoea)
- nervous system symptoms (e.g. agitation, anxiousness, confusion)

Documentation should reflect patient observation and vital sign recording. Frequency of vital sign recording is dependent on the patient's condition but should be at least every 30-60 minutes. Patients with initial phase severity, laryngeal oedema or hypotension may require a longer period of observation and should be referred to the hospital early.

Documentation should also evidence that all patients who present with anaphylaxis are:

- provided with education and an action plan, a written document that can guide the patient and caregivers in the event that they experience an allergic reaction in the community. Action plans should be reviewed regularly.

- referred for outpatient/privately funded immunology review.

  AND

- other safety measures are discussed such as:
  carrying of an adrenaline auto – injector (Epi-pen). Epi-pen is recommended with a history of idiopathic reaction, concurrent asthma or cardiac disease, continued risk from triggers difficult to avoid and for people isolated from clinical assistance. GPs are able to prescribe Epi-pen but note these are not funded in New Zealand.

- Medical alert bracelet

Report all cases of Medicine induced anaphylaxis to CARM.

Resuscitation Council UK https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/

The management of ANAPHYLAXIS in primary care https://www.bpac.org.nz keyword: anaphylaxis

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