Primary Options for Acute Care
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POAC CLINICAL POLICY

POAC aligns this funding policy with the Anaphylaxis pathway for adults and children-see Anaphylaxis Health Pathway

POAC FUNDED OBSERVATION TIME

POAC funds four hours of observation time at a fixed rate, ONLY for patients:

- who respond within a few minutes to a SINGLE DOSE ONLY of IM adrenaline (this may have been given in the community before presentation to primary care e.g. where patients have an Epipen at home)

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

For claiming purposes use the practice observation anaphylaxis coding-the fixed fee is $200 for 4 hours

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

OBSERVATION

Observation is defined as the sighting and assessment of the patient at least every ten minutes for signs of abnormal:- 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)

Clinical policy date: August 2022
Clinical policy review date: August 2024

- nervous system symptoms (e.g. agitation, anxiousness, confusion)

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

DOCUMENTATION

Documentation should reflect patient observation and vital sign recording.

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 they experience an allergic reaction in the community. Action plans should be reviewed regularly.
- referred for outpatient/privately funded immunology review (see below).
AND
- other safety measures are discussed, as detailed on the Anaphylaxis HealthPathway. - see Prevention and follow up section

Referral: For adults >/= 15 years, for Auckland District request non-acute immunology assessment, for Counties Manukau and Waitemata Districts request non-acute general medicine assessment. For children under 15 years, request non-acute paediatric assessment.

MEDICINE INDUCED ANAPHYLAXIS

Report all cases of Medicine induced anaphylaxis to CARM.

Resources

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

Management of ANAPHYLAXIS in primary care
https://bpac.org.nz/BPJ/2008/December/anaphylaxis.aspx