

POAC CLINICAL POLICY

Management post Adrenaline Administration in Anaphylaxis and other Acute Allergic Reactions

Anaphylaxis is an acute, potentially life-threatening event requiring immediate recognition and treatment, which often includes the administration of adrenaline. Adrenaline should be reserved solely for management of anaphylaxis and is **not indicated** for less severe cases of acute allergic reaction.

Following initial stabilisation ALL cases of anaphylaxis treated with adrenaline require a prolonged period of observation of at least 4 hours¹. **Relapse, protracted and/or biphasic reactions may occur.**

Patients require overnight observation if they:

- Have had severe or protracted anaphylaxis (e.g. required repeated doses of adrenaline or IV fluid resuscitation); OR
- Have a history of asthma or severe/protracted anaphylaxis; OR
- Have other concomitant illnesses (e.g. asthma, history of arrhythmia); OR
- Live alone or are remote from medical care; OR
- Present for medical care late in the evening¹.

POAC POLICY

For patients who do not fall under one of these categories, where a medical facility (GP surgery, Accident and Medical Centre) is confident that it has the clinical expertise and the resources to undertake a minimum of 4 hours' observation of patients who have been administered a single dose of adrenaline for **mild or moderate anaphylactic reactions**, POAC funds the observation time at a fixed rate.

POAC does not fund observation following administration of adrenaline for anaphylaxis in any other circumstances.

1. http://www.allergy.org.au/images/stories/pospapers/ASCIA_Guidelines_Acute_Management_Anaphylaxis_2016.pdf