

# Management of Anaphylaxis (Rural Centres)

Anaphylaxis occurs without warning. **Adrenaline** must be immediately at hand whenever a vaccination is given. When a doctor is not readily available, a Registered Nurse or Aboriginal Health Worker must implement the following regimen:

- ⇒ Lay the patient on their left side, elevate the legs and ensure airway is clear.
- ⇒ **Give adrenaline (1:1000 in 1 ml = 1 mg/ml) deep intramuscular injection. Note: use a 1 ml Tuberculin syringe and 23G needle.**

AGE / WEIGHT	DOSE OF ADRENALINE (ml of 1:1000)
Less than 1 year	0.05-0.1 ml
1-2 years (approx 10 kg)	0.1 ml
2-3 years (approx 15 kg)	0.15 ml
4-6 years (approx 20 kg)	0.2 ml
7-10 years (approx 30 kg)	0.3 ml
11-12 years (approx 40 kg)	0.4 ml
12 years and over	0.4-0.5 ml
Adult	0.5 ml

**Repeat at 5-minute intervals until improvement occurs.**

- ⇒ Maintain airway and give 100% oxygen by face mask at:

Less than 1 year	2L/min
1 – 5 yrs	5L/min
Over 5yrs	8 L/min

- ⇒ If breathing stops or the carotid pulse is not palpable begin cardio-pulmonary resuscitation.
- ⇒ Insert an I/V line of normal saline or Haemaccel and run it fast (20ml/kg, this is 200ml for a 1 year old and 1L for an adult).
- ⇒ Contact the DMO for further treatment.
- ⇒ Send to hospital.

Report all cases of anaphylaxis following vaccination to the Disease Control Centre in your district.

Adapted from NHMRC *The Australian Immunisation Handbook* 8th Edition  
Endorsed by Head, Immunisation, CDC, Darwin, May 2004.

