Emergency treatment for a suspected anaphylactic reaction

Investigation in adults or young people aged 16 years or older

- Take timed blood samples for mast cell tryptase testing:
  - as soon as possible after emergency treatment
  - ideally within 1–2 hours (but no later than 4 hours) from the onset of symptoms
- Inform the person (or, as appropriate, their parent and/or carer) that a blood sample may be required at follow-up with the specialist allergy service to measure baseline mast cell tryptase

Investigation in children younger than 16 years

- Consider taking blood samples for mast cell tryptase testing if the cause is thought to be venom-related, drug-related or idiopathic:
  - as soon as possible after emergency treatment
  - ideally within 1–2 hours (but no later than 4 hours) from the onset of symptoms
- Inform the parent and/or carer that a blood sample may be required at follow-up with the specialist allergy service to measure baseline mast cell tryptase

Assessment

- Document the acute clinical features of the reaction:
  - rapidly developing, life-threatening problems involving the airway (pharyngeal or laryngeal oedema), **and/or**
  - breathing (bronchospasm with tachypnoea), **and/or**
  - circulation (hypotension and/or tachycardia), **and**
  - in most cases, associated skin and mucosal changes
- Record the time of onset of the reaction
- Record the circumstances immediately before the onset of symptoms

Observation for adults and young people aged 16 years or older

- Observe people for 6–12 hours from the onset of symptoms, depending on their response to treatment. In patients with reactions that are controlled promptly and easily, a shorter observation period may be considered provided that they receive appropriate post-reaction care prior to discharge

Admission for children younger than 16 years

- Admit children to hospital under the care of a paediatric medical team

Referral

- Refer people to a specialist allergy service (age-appropriate where possible), consisting of healthcare professionals with the skills and competencies necessary to accurately investigate, diagnose, monitor and provide ongoing management of, and patient education about, suspected anaphylaxis
- Hospital trusts should have separate referral pathways for suspected anaphylaxis in adults (and young people) and children

Adrenaline injector

- Offer people (or, as appropriate, their parent and/or carer) an appropriate adrenaline injector as an interim measure before the specialist allergy appointment

Patient information and support

- Before discharge offer the following:
  - information about anaphylaxis, and the signs and symptoms of an anaphylactic reaction
  - information about the risk of a biphasic reaction
  - information on what to do if an anaphylactic episode occurs (use the adrenaline injector and call emergency services)
  - a demonstration of the correct use of the adrenaline injector
  - advice about how to avoid the suspected trigger (if known)
  - information about the need for referral and the referral process
  - information about patient support groups