

## ADULT ANAPHYLAXIS TREATMENT PROTOCOL & MEDICAL CONSENT

**Phone: 8372 4999**

**Fax: 8372 4900**

Patient Surname..... Given Name..... D.O.B.....

This standard consent form authorises our nurse to administer adrenaline at the first sign of anaphylaxis, to all patients being administered IV therapy.

### STOP INFUSION IMMEDIATELY

- Place patient in recumbent position and elevate lower limbs, if patient is unconscious place them on their side.
- **Maintain : → Airway → Breathing → Circulation**
- Assemble 1ml syringe and 23 gauge needle.
- **Administer adrenaline IMI and if no improvement repeat adrenaline every 3-5 minutes.**
- **Site IMI** into the upper arm and massage the area (this helps distribute the drug quicker.)
- **Call an ambulance.**
- If there is another person in the home instruct them to call for an ambulance while you administer the Adrenaline. Ensure there is access to the home by an open door.
- **Airway** 1. Ensure an adequate airway. 2. Insert Guedel Airway if patient becomes unconscious.
- **CPR** - Commence if required.
- **Disconnect Baxter infuser or IV giving set and bung the access.**
- **Monitor pulse and respiration rate frequently** until ambulance arrives.
- Stay with patient until ambulance arrives.

### Drug Authority

Date	Dose	Route	Frequency	Doctor's Signature
	Adrenaline 1:1000 (1mg/ml)	0.5mls (1mg/ml)	IM	Repeat at 5 min intervals up to 5 times

### RN Administration Record

Date	Time	Drug	Dose	Name / Signature / Designation

*I, the referring medical officer authorise Home Nurses to administer the above treatment in case of anaphylaxis.*

Print Name.....

Medical Officer / Consultant Signature..... Date.....