

## ANAPHYLAXIS GUIDELINE

This guidance does not override the individual responsibility of health professionals to make an appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### Introduction

**This guideline is for use by the following staff groups:**

All clinical staff

### Lead Clinician(s)

Dr Nick Fitton

Consultant Anaesthetist & ICM  
Trust Lead – Resuscitation

Chris Doughty

Senior Resuscitation Officer

16<sup>th</sup> July 2027

Review Date:

This is the most current document and should be used until a revised version is in place

### Key amendments to this guideline

Date	Amendment	Approved by:
October 2008	Guideline approved by Trust Resuscitation committee	
07/11/2011	Change of committee name	Aileen Graham
07/11/2011	Re-published and review date extended for a further 2 years	Aileen Graham
30/09/2013	Guideline extended for 12 months whilst under review	Steve Graystone
15/12/14	Minor revisions approved by Trust Resuscitation and Deteriorating Patients' Committee	Aileen Graham
April 2015	Policy Review – Version 3.0	RDPC
October 2017	Policy Review – Version 4.0	RDPC
May 2021	Publication of new national guidance – subsequent review of entire document	RDPC
May 2024	Document extended for 6 months whilst new document approved	
February 2024	Policy review – version 5.0	DREAMs

*This information should be used in conjunction with the Resuscitation Policy Pathway WAHT-TP-108. Use the version on the internet to ensure the most up to date information is being used.*

## **ANAPHYLAXIS**

### **Introduction**

The Resuscitation Council UK publish guidance for healthcare staff in the recognition and treatment of anaphylaxis : Emergency Treatment of Anaphylaxis, Guidelines for healthcare providers, May 2021 (Appendix 1).

These guidelines present a consensus for the most appropriate management of anaphylaxis and are endorsed for use across the Worcestershire Acute Hospitals NHS Trust, by the Resuscitation & Deteriorating Patient Committee / DREAMs.

### **Scope of Policy**

This policy applies to all medical staff, registered nurses and midwives and allied healthcare workers employed by Worcestershire Acute Hospitals NHS Trust. Registered non-prescriber clinical staff (registered nurses, midwives and allied healthcare staff) may follow the Discretionary Medicines Policy for “Adrenaline (Epinephrine) Administration in Anaphylaxis”.

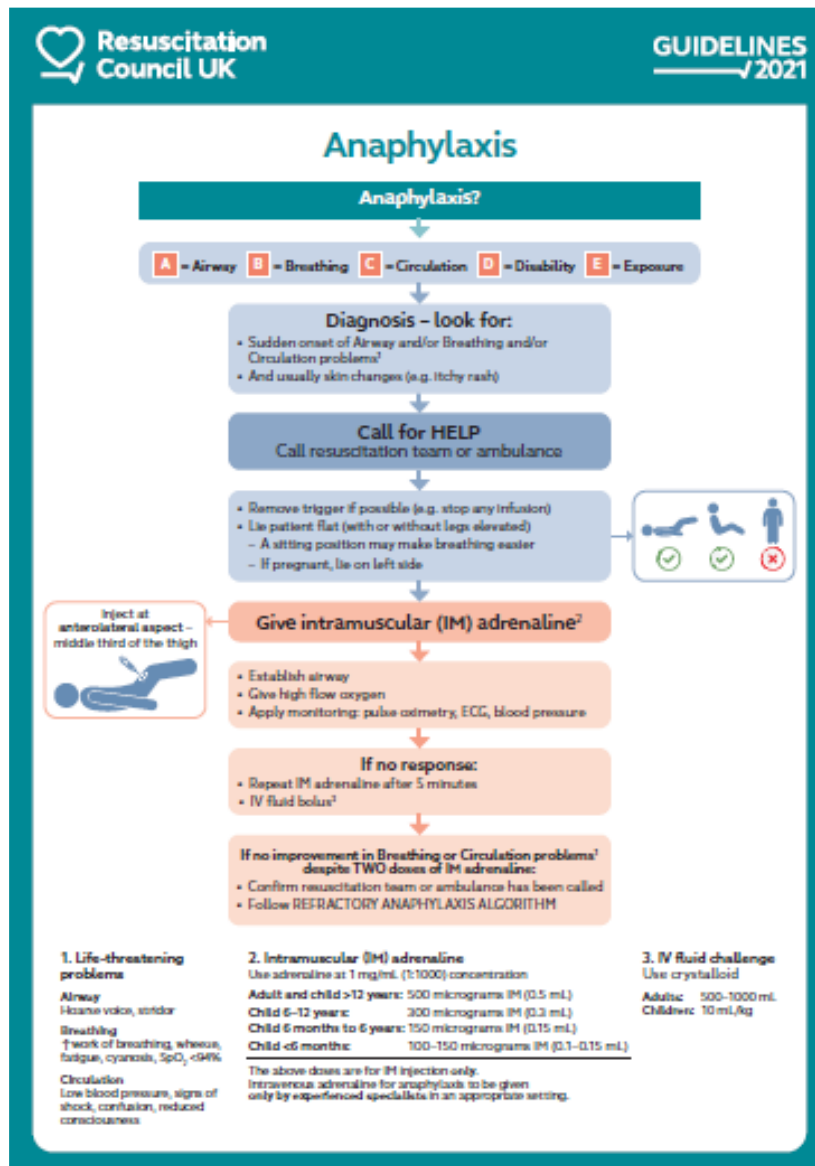
Training is provided via Trust IV training, or Resuscitation Council (UK) ILS or ALS course (PILS or EPLS for paediatrics). Additional specific training may be arranged as appropriate for some staff groups. Anaphylaxis recognition, summoning help and initial treatment is provided through the trusts mandatory training programme for all clinical staff.

### **Patients covered**

All patients

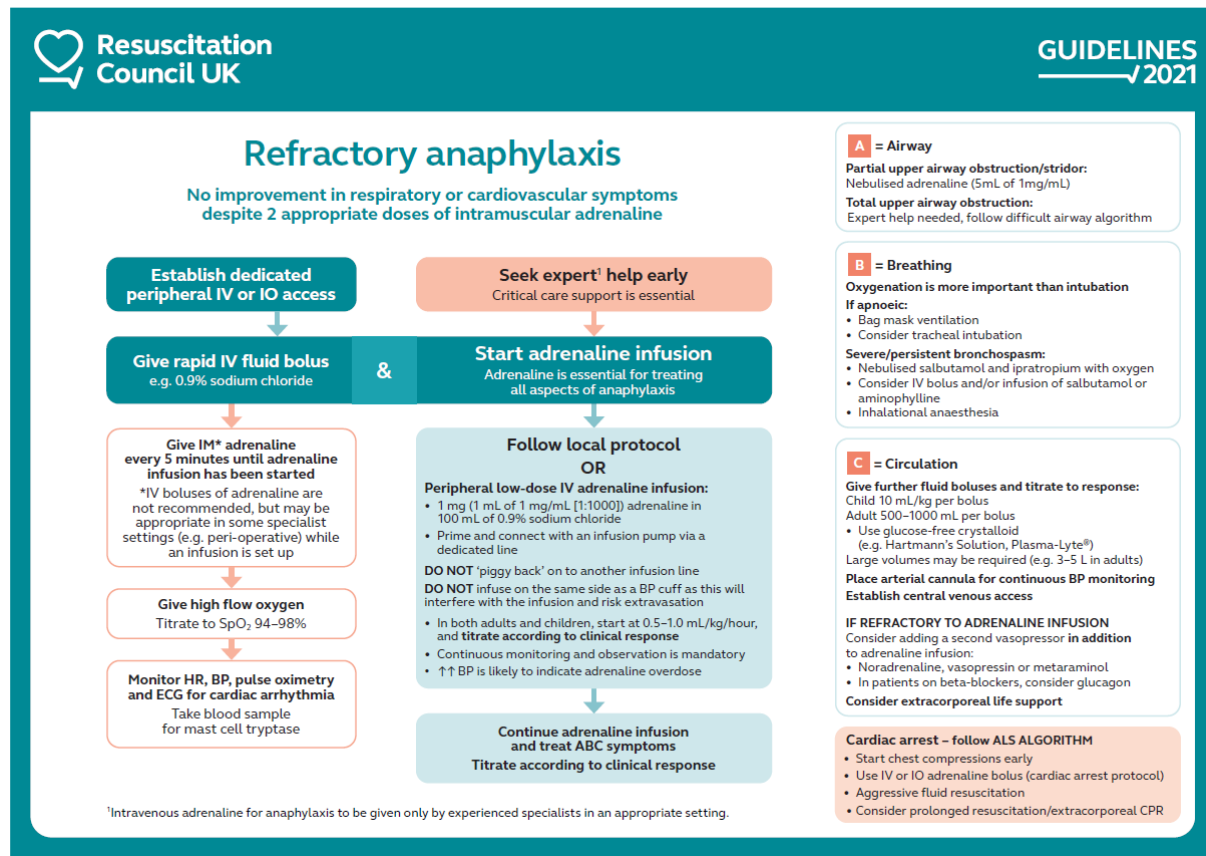
### **Guideline**

Initial treatment guidelines are summarised in the Anaphylaxis treatment algorithm.



Two ampoules of 1ml of Adrenaline 1:1000 solution (1mg) are available in all clinical areas, inside the red emergency drug box, standard on all emergency trolleys.

**The focus of care is the early administration of intramuscular adrenaline.** Where there is no response to two doses of adrenaline, expert assistance should direct care. Guidelines for the management of refractory anaphylaxis are summarised in the Refractory Anaphylaxis Treatment Algorithm.



### Follow up / education

- Children under 16 – refer to WAHT paediatric allergy clinic
- Patients over 16 – refer to GP / further specialist allergy advice – immunology clinic where appropriate

### Follow-up Blood Tests

- See appendix 2

### Audit/Outcomes

- Audit will be via the '2222 emergency call' audit.

### References

- Emergency Treatment of Anaphylaxis – Guidelines for healthcare providers Resuscitation Council UK, May 2021
- Resuscitation Policy  
Worcestershire Acute Hospitals NHS Trust, October 2023

**Monitoring Tool**

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT ?</b>	<b>HOW ?</b>	<b>WHEN ?</b>	<b>WHO ?</b>	<b>WHERE ?</b>	<b>WHEN ?</b>
	Recognition of signs & symptoms of anaphylaxis; Adherence to national guidelines on management of anaphylaxis	2222 audit	On-going – audit carried out on a daily basis	Resuscitation Officers	Trust Resuscitation & Deteriorating Patient Committee	Bimonthly
	Availability of appropriate emergency equipment including adrenaline (1:1000)	2222 audit	On-going – audit carried out on a daily basis	Resuscitation Officers	Trust Resuscitation & Deteriorating Patient Committee	Bimonthly

## Appendix 1



Emergency  
Treatment of Anaphyl:

## Appendix 2

### Blood Test for Tryptase Levels

a) Minimum: one sample (in yellow top bottle) at 1-2 hours after the start of symptoms but ideally no later than 4 hours.

**OR**

b) Ideally: Three **timed** samples:

- Initial sample as soon as feasible after resuscitation has started – do not delay resuscitation to take sample.
- Second sample at 1-2 hours after the start of symptoms but ideally no later than 4 hours.
- Third sample either at 24 hours or in convalescence (for example in a follow-up allergy clinic). This provides baseline tryptase levels - some individuals have an elevated baseline level.

**Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
**Please read EIA guidelines when completing this form**

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>Anaphylaxis Guidelines</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Chris Doughty	Senior Resuscitation Officer	
<b>Date assessment completed</b>			

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> Anaphylaxis Guideline
What is the aim, purpose and/or intended outcomes of this Activity?	

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Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.		
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)		
Summary of relevant findings		

## Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		



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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Sex</b>		X		
<b>Sexual Orientation</b>		X		
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

**Section 5** - Please read and agree to the following Equality Statement**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9

protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	Chris Doughty
<b>Date signed</b>	
<b>Comments:</b>	



**RESUSCITATION POLICY PATHWAY  
WAHT-TP-108****Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
<b>1.</b>	Does the implementation of this document require any additional Capital resources	No
<b>2.</b>	Does the implementation of this document require additional revenue	No
<b>3.</b>	Does the implementation of this document require additional manpower	No
<b>4.</b>	Does the implementation of this document release any manpower costs through a change in practice	No
<b>5.</b>	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval