

File within 3rd spine



Royal Cornwall Hospitals  
NHS Trust

NHS number: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 CR number: \_\_\_\_\_

Affix patient label

## PAEDIATRIC ANAPHYLAXIS - ACUTE CARE PATHWAY

### Emergency care in hospital

#### Paediatric admissions unit (PAU) and Emergency Department (ED)

- Child must remain in prone position until fully assessed by health care professional and blood pressure is within normal parameters for age. **Condition may deteriorate if child is made to sit or stand.**
- Assess child using ABCDE approach (Airways, Breathing, Circulation, Disability, Exposure) as per Advanced Life Support Group guidance.
- **Administer age appropriate IM injectable adrenaline as indicated and available.**
- Provide further treatment if required as per Resus Council UK algorithm. E.g. IV fluids/steroids.
- **Measure mast cell tryptase if cause likely to be venom, drugs or idiopathic:**
  - 1st sample as soon as possible (serum 'clotted' sample), date and time of reaction and implicated trigger on Haematology form.
  - 2nd sample ideally within 1-2 hours (but no later than 4 hours) from onset of symptoms
  - **Admit to hospital** to most appropriate setting. PAU if in ED, Paediatric ward, HDU or ITU.
  - **Request PAS alert for allergy:** email to kimbellis@nhs.net

Sign:

Print :

Date

### Inpatient care

- Further history taking to include documentation of:
  - Acute clinical features of the suspected anaphylactic reaction.
  - Time of onset.
  - Circumstances immediately before the onset of symptoms, to identify possible trigger.
- **Measure** specific IgE of any implicated foods or other substances from history (EDTA tube 1ml per allergen to haematology)
- **Monitor** SaO<sub>2</sub>, resp. rate, blood pressure, 3 lead ECG as per Child Health Observation and Monitoring Policy.
- **Observe** for a minimum of 6 hours and discuss discharge planning with Paediatric Middle grade / Consultant.

Sign:

Print :

Date

### Pre discharge

- Offer basic prevention and treatment advice including:
  - Signs and symptoms of anaphylactic reaction.
  - Risks of a biphasic response.\*
  - If patient has pre existing asthma, review current treatment and compliance.
  - **Provide appropriate adrenaline auto injector as interim measure prior to specialist allergy service appointment.**
  - Provide training for auto injector administration (dummy trainer pens on Gwithian Unit, sister's office).
  - **Refer to allergy clinic**, in writing to Dr. Simon Bedwani. Paediatric Consultant.

Sign:

Print :

Date

### Guidance notes to support child and family

- \*Biphasic response. NICE definition: a recurrence after complete recovery of symptoms of anaphylaxis within 72 hours with no further exposure to the allergen.
- RCPCH Medicines for Children leaflet on auto injectors can be found on the medicines for children website by searching for a leaflet and entering the words: adrenaline-for-anaphylaxis.
- Provide basic avoidance advice. Allergy UK sheets are available for many allergens at the Allergy UK website, following links for fact sheets.
- Signpost child and family to Patient Information Group, Anaphylaxis Campaign, Allergy Wise, Food Standards Agency.