

**UMF Protocol**

**Aims**

Adapted basic care for a patient with anaphylactic shock.

**Initial medical evaluation**

Patient agitated, with oedema on the eyelids and lips.

- Fugitive urticarial plaques appeared on the upper limbs, which begin to appear also on the rest of the body

- Abdominal cramps

- Events appeared about 5 minutes after intramuscular Penicillin injection

**Secondary medical evaluation**

The patient gradually calms down

- Muscle tone begins to fall

- Accentuated dysphonia, stridor and wheezing appear

- Oedema at the level of the cephalic extremity accentuated

- Sibilant rales still present

**Treatment**

Evaluation of the patient using the ABCDE method

- Diagnosis of anaphylactic shock

- Call for help (Doctors Intensive Care, Emergencies)

- Simultaneous manoeuvres:

1. Basic monitoring

2. Venous pathway - at least 2-14-18G large-caliber peripheral venous catheters

3. Oxygen therapy - Adrenaline nebulization for the stridor / reservoir mask - FiO2 as close as possible to 100%.

4. Administer 0.5 mg adrenalin im (in the thigh)

5. Volume resuscitation (fluid bolus 20 ml / kg - Ringer Lactate)

- Prepare dilution of Adrenaline for IV administration (1 ampoule of adrenaline dilution with 9 ml NaCl 0.9% - 1: 10,000 – 100g/ml)

- Take into account the advanced approach of the airway

- Possibly prepare equipment for the approach of the airway

**Establish the treatment plan for the next 24 hours**

Re-evaluation ABCDE

- Decide to administer adrenaline IV - 1: 10,000 dilution, administer doses of 50 each, and repeat after a few minutes, depending on the effect and tolerance of the patient.

- Look closely for vital signs: TA, ECG; SpO2

- Administer a second fluid bolus of 20 ml / kg

**Remarks**

Know the manifestations of anaphylaxis and be able to tell the difference between a mild reaction and anaphylactic shock

* Be able to perform the necessary manoeuvres : monitoring, oxygen therapy, venous route, oro-tracheal intubation, oro-tracheal intubation in difficult conditions, crico-thyroidectomy by Seldinger technique
* Recognize complications that may occur during anaphylactic shock

**Expert references and recommendations**

DAS - Difficult Airway Society - DAS Difficult Intubation Guidelines 2015

ERC - European resuscitation council guidelines for resuscitation 2015. Section 4. Cardiacarrest in specialcircumstances

SFAR - French Society of Anesthesia and Resuscitation

BENUMOF AND HAGBERG'S AIRWAY MANAGEMENT, 2013, Saunders, Elsevier Inc.

Clinical Anesthesia, 8 th ed., Barash P et al., Wolters Kluwer, 2017.

ERC European resuscitation council guidelines for resuscitation 2015.Section 3.Adultadvanced life support.