



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. Cardiac arrest in special circumstances

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. Adult advanced life support.