

**ILumens Protocol**

**Management of anaphylaxis following drug administration**

**Aim**

Establishment of a protocol for the management of anaphylaxis following drug administration

**Field of application and professionals concerned**

All patients, all services

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**Reference documents**

➢ Recommendations by the French Society of Emergency Medicine

➢ Public Health Code - Articles R 4311

➢ Decree of 31 July 2009 on the state diploma of nurses

**Associated documents**

➢ Ann. Med. Emergency (2016) 6: 342-364

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RECOMMENDATIONS: Management of anaphylaxis in emergency medicine. Recommendations of the French Society of Emergency Medicine (SFMU) in partnership with the French Society of Allergy (SFA) and the French Group for Resuscitation and Pediatric Emergencies (GFRUP), and the support of the Pediatric Society of Pneumology and Allergy.

➢ Clinical criteria of Sampson

**Generalities**

Allergic reactions may occur after each drug administration. Paramedical staff can therefore find themselves confronted at any time, whatever their place of exercise. They must check before each administration of therapy that the patient is not allergic, but this does not protect them from an inaugural reaction. The possibility that the reaction is dazzling leaves the paramedics to have to potentially manage alone the first minutes. They are therefore offered this procedure.

**Definition of anaphylaxis**

Anaphylaxis is a systemic, generalized, severe hypersensitivity (or allergic) reaction that can be life-threatening. It occurs after a delay of a few minutes to a few hours following exposure to a triggering factor. It is characterized by the sudden onset of upper or lower airway disease, or potentially fatal cardiovascular disease. It is usually, but not always, associated with mucocutaneous involvement. Digestive signs may also be present. The symptoms depend on the organs affected and evolve rapidly. International recommendations have agreed on the term anaphylaxis and no longer use the term "anaphylactic shock" which focuses on cardiovascular disease and is responsible for an underestimation of respiratory and digestive symptoms, causing a fault of diagnosis.

➢ Clinical diagnosis

**Sampson Criteria**: Anaphylaxis is likely when any of these three clinical situations occur



**Severity**

Various classifications. The best known is Ring and Messmer.



**Support protocol**

During anaphylaxis in a patient during drug administration

If IV route, discontinuation of administration and removal of triggering factor

Taking vital parameters and putting in place safeguards:

* Half sitting and with oxygen if desaturation
* Trendelenburg (elevation of lower limbs) if hypotension
* Permeability verification of the infusion
* Ask if the allergy is known and the presence of an adrenaline pen injector with the patient

Reference doctor's call: estimated severity of allergy

According to vital parameters and evolution of anaphylaxis, bring emergency cart and adrenaline closer

Stay with the patient to reassure him

