

Approach to Anaphylaxis

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Definition: Anaphylaxis is clinical syndrome resulting from massive uncontrolled chemical mediator release that results from antigen exposure (food, drug, insect venom) leading to mast cell and basophil IgE crosslinking/activation.

- 1) **Consider a diagnosis of anaphylaxis** when two major body systems are rapidly deteriorating
 - Derm -> flushing, hives, rash (2/3)
 - Pulm -> SoB, wheezing, "throat lump" (1/2)
 - CV -> Hypotension, bradycardia (1/3)
 - GI -> NVD (1/3)
- 2) **Give epinephrine early + often** (usually IM)
- 3) **Very seriously consider intubation**
- 4) Give antihistamines like Diphenhydramine (H1) and Ranitidine (H2)
- 5) Give steroids which decrease recurrence rate
- 6) Discharge the patient with a **home epinephrine pen** and make sure they know how to use it

Quick Facts

- Consider that they pt may be on **??beta blockers??** if your epinephrine is not working, the antidote is glucagon! Beta blockers increase severity, longevity, and treatment refractoriness of anaphylaxis.
- Anaphylaxis is a deadly clinical diagnosis with acute multisystem dysfunction