

<b>Severe allergic reactions associated with airway, respiratory or haemodynamic compromise (+/- GI symptoms)</b>	
<b>EXCLUSION CRITERIA</b>	
<b>ABSOLUTE</b>	<b>RELATIVE</b>
<ul style="list-style-type: none"> <li>Ongoing or worsening haemodynamic or respiratory compromise/bronchospasm in spite of IM Adrenaline</li> <li>IV infusion requirement e.g. Adrenaline/Salbutamol</li> </ul>	
<b>KEY CONSIDERATIONS DURING SSU ADMISSION</b>	
<ul style="list-style-type: none"> <li>Observation for resolution of symptoms</li> <li>Report anaphylaxis to Department of Health via website <a href="https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=anaphylaxis-notify">https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=anaphylaxis-notify</a></li> <li>Prednisolone 50 mg po daily for 3 days</li> <li>Promethazine 10-25mg po TDS prn – for allergy symptoms</li> <li>Salbutamol 8-12 puffs MDI via spacer – for bronchospasm</li> <li>Ranitidine 150mg po BD prn – if itch prominent</li> </ul>	
<b>REFERRAL CRITERIA</b>	<b>DISCHARGE CRITERIA</b>
<ul style="list-style-type: none"> <li>Recurrent symptoms of anaphylaxis requiring treatment</li> <li>Haemodynamic or respiratory compromise</li> <li>Inability to tolerate oral intake</li> </ul>	<ul style="list-style-type: none"> <li>No recurrence of symptoms 4-6 hours after resolution</li> <li>Adequate social supports and geographically not far from return medical care</li> <li>Do not discharge anaphylaxis cases overnight</li> <li>Patient educated about Epipen use</li> </ul>
<b>DISCHARGE REQUIREMENTS</b>	
<ul style="list-style-type: none"> <li>Anaphylaxis information sheet, action plan and patient education of the same - <a href="https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis">https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis</a></li> <li>Also see resources in SSU “Anaphylaxis folder” and patient hand outs</li> <li>Prescriptions for Epipen (adrenaline autoinjector) x 2 (requires PBS authority script)</li> <li>Prescription for Prednisolone 50 mg daily for 2 more days and antihistamine as needed</li> <li>Letter to LMO requesting allergen testing where allergen unclear</li> </ul>	
<b>NURSE INITIATED DISCHARGE CRITERIA</b>	
Medical staff to check: <ul style="list-style-type: none"> <li><input type="checkbox"/> No airway or haemodynamic compromise</li> <li><input type="checkbox"/> Document specific observation period length and projected discharge time</li> <li><input type="checkbox"/> Discharge documentation and education completed</li> </ul>	NID: <b>Not Appropriate / Appropriate</b>  Signature
Outcomes pending:  4 Hour Observation from (time):	
Nursing staff to check: <ul style="list-style-type: none"> <li><input type="checkbox"/> All “discharge criteria and requirements” have been met</li> <li><input type="checkbox"/> Vital signs normal</li> <li><input type="checkbox"/> No recurrence of symptoms within documented observation period or for 4 hours since last review</li> </ul>	NID: <b>Not Appropriate / Appropriate</b>  Signature