

Clinical Guideline

WATCH – ANAPHYLAXIS

SETTING	Wales and West Acute Transport for Children (WATCH)
FOR STAFF	WATCH Team, South West and Wales District General Hospital medical and nursing teams.
PATIENTS	Children with known or suspected anaphylaxis

GUIDANCE

Anaphylaxis is a severe, life-threatening, generalised or systemic hypersensitivity reaction. It should be considered when there is a sudden onset of problems with Airway, Breathing or Circulation, often associated with skin and/or mucosal changes (e.g. flushing, angioedema, urticaria). It may occur without a history of allergy and may mimic life-threatening asthma.

Treatment should follow the Resuscitation Council (RCUK) algorithms.

[Anaphylaxis algorithm 2021.pdf \(resus.org.uk\)](#)

[Refractory anaphylaxis algorithm 2021.pdf \(resus.org.uk\)](#)

If adrenaline infusion is required for refractory anaphylaxis we recommend preparing a peripheral adrenaline infusion as per the WATCH drug sheet and starting at **10 ml/h (= 0.1 mcg/kg/min)** and titrating according to clinical response.

If adrenaline has been prepared according to RCUK recommendations (1 mg adrenaline in 100ml), **1 ml/kg/hour = 0.17 mcg/kg/min**.

Mast cell tryptase should be measured in all patients with suspected anaphylaxis where the diagnosis is uncertain, ideally within 2 hours of the reaction. The time of the specimen should be documented.

RELATED DOCUMENTS [Guidance: Anaphylaxis | Resuscitation Council UK](#)

AUTHORISING BODY WATCH governance group

SAFETY Call the WATCH team for advice and support.

QUERIES 0300 0300 789