SOP number	**17.029**	Version	**5.0**
Title	**Management of Anaphylaxis in Adults and Paediatrics**		

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SOP category	17 NHSGGC Clinical Research Facility – Clinical

Staff category

Staff Category	R	A	C	I
Nursing	X			
GCRF Manager		X		
GCRF Associate Director				X
Senior R&I Manager				X

1. Scope

This procedure applies to all staff working within Glasgow Clinical Research Facility (GCRF).

2. Purpose

The purpose of this Standard Operating Procedure (SOP) is to define the responsibilities and procedure in the event of an adult and paediatric anaphylactic reaction in GCRF.

3. Procedures

3.1. In the event of an anaphylactic reaction with life threatening symptoms the current UK Resuscitation Council Anaphylaxis algorithm must be followed (appendix 1).

3.2. Participant experiencing mild rash/itch/swelling **with no** life threatening problems:

- 3.2.1. Inform study doctor and get medical review.
- 3.2.2. Consider antihistamine (administer as prescribed).
- 3.2.3. Consider IV access.
- 3.2.4. Continually assess using ABCDE approach

3.3. If patient progresses to Cardiac Arrest, initiate the Emergency Resuscitation Procedure as detailed in SOP 17.001 for adults and SOP 17.042 for paediatrics.

- 3.4.1 Stop study medication as a precaution and keep study medication for further review.
- 3.4.2 Consider unblinding as per study protocol.
- 3.4.3 Safety reporting as per study protocol
- 3.4.4 Complete datix if required.

4. Referenced documents

- Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers Working Group of the Resuscitation Council UK
- Resuscitation Council (UK Anaphylaxis Algorithm)
- SOP 17.001 – Adult Emergency Resuscitation Procedures in GCRF
- SOP 17.042 – Paediatric Emergency Resuscitation Procedures in GCRF

5. Related documents

- None

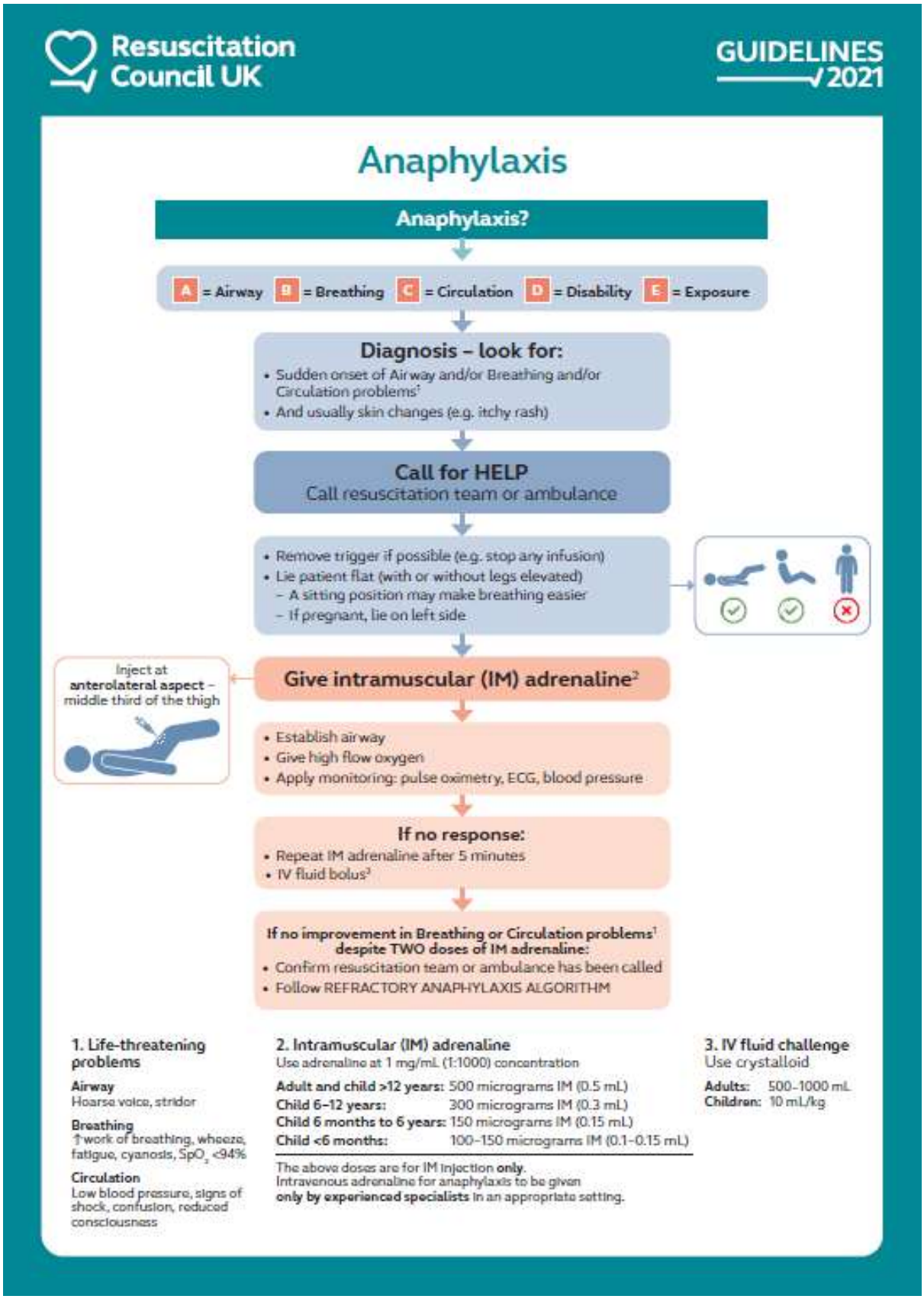
6. Document history

Version	Date	Description	Retrospective Implementation
1.0	15/05/13	Release of First Version	No
2.0	15/07/16	SOP restructure Updated to template version 1.4. Merge with SOP 17.043 Minor admin changes	No
3.0	09/10/19	Change administration instructions to reference prescription	No
4.0	18/08/2023	RACI matrix added Minor admin changes Update to appendix 1	No
5.0	27/10/2026	Change to prepared by and released by Transfer to new R&I SOP template v1.0 Procedure updated (3.2) in line with Resuscitation Council UK guidelines Minor changes to procedure 3.4	No

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Appendix 1


Resuscitation Council UK
GUIDELINES 2021
Anaphylaxis
Anaphylaxis?
A = Airway
B = Breathing
C = Circulation
D = Disability
E = Exposure
Diagnosis – look for:
• Sudden onset of Airway and/or Breathing and/or Circulation problems[1]
• And usually skin changes (e.g. itchy rash)
Call for HELP
Call resuscitation team or ambulance
• Remove trigger if possible (e.g. stop any infusion)
• Lie patient flat (with or without legs elevated)
– A sitting position may make breathing easier
– If pregnant, lie on left side
Inject at anterolateral aspect – middle third of the thigh
Give intramuscular (IM) adrenaline[2]
• Establish airway
• Give high flow oxygen
• Apply monitoring: pulse oximetry, ECG, blood pressure
If no response:
• Repeat IM adrenaline after 5 minutes
• IV fluid bolus[3]
If no improvement in Breathing or Circulation problems[1] despite TWO doses of IM adrenaline:
• Confirm resuscitation team or ambulance has been called
• Follow REFRACTORY ANAPHYLAXIS ALGORITHM
1. Life-threatening problems
Airway
Hoarse voice, stridor
Breathing
↑work of breathing, wheeze, fatigue, cyanosis, SpO2 <94%
Circulation
Low blood pressure, signs of shock, confusion, reduced consciousness
2. Intramuscular (IM) adrenaline
Use adrenaline at 1 mg/mL (1:1000) concentration
Adult and child >12 years: 500 micrograms IM (0.5 mL)
Child 6–12 years: 300 micrograms IM (0.3 mL)
Child 6 months to 6 years: 150 micrograms IM (0.15 mL)
Child <6 months: 100–150 micrograms IM (0.1–0.15 mL)
The above doses are for IM injection only.
Intravenous adrenaline for anaphylaxis to be given only by experienced specialists in an appropriate setting.
3. IV fluid challenge
Use crystalloid
Adults: 500–1000 mL
Children: 10 mL/kg