

Standing Order

TITLE	ANAPHYLAXIS
LOCATION	LORNE COMMUNITY HOSPITAL – All Areas of the Facility
STANDING ORDER No:	3
VERSION	1
VARIATIONS FROM PREVIOUS VERSION	NIL

Governance

Enactment date	/ /		
Expiry: (maximum of 36 Months from date of original Approval)	13/8/07		
Drug and Therapeutics Committee Endorsement Date	/ /		
Chairperson, Drug and Therapeutic Committee (Clinical Services)	Signature	Name	Date
Completion of Process for removal of previous version of Standing Order	Signature	Authority	Date
Approved Standing Order Distributed	Signature	Authority	Date

Staff Requirements and Authorisation

AS PER LORNE COMMUNITY HOSPITALS “STANDING ORDER POLICY”

ALS endorsed Nurse have all undertaken education in the diagnosis and management of anaphylaxis. This includes theoretical and practical sessions in:

- Assessment of mild, moderate and severe anaphylaxis
- The Drugs, doses and side effects.

Application of the Standing Order

When use of this standing Order Is applicable	When a Medical Officer is not immediately available and a client is presenting with the signs and symptoms of severe anaphylaxis as described in the “Emergency Nursing Guidelines 3 rd Edn” Page 4.
Other Relevant Standing Orders	Cardiopulmonary Arrest Standing Order Asthma Standing Order
Links	<ul style="list-style-type: none"> ❑ Adult Advance Life Support Algorithm - Aust Resus Guidelines 2002 ❑ Emergency Nursing Guidelines 2001 3rd Edn – DHS Vic ❑ Lorne Community hospital Anaphylaxis Protocol

Basis for Standing Order

To allow for the treatment of clients suffering potentially fatal conditions by the Lorne Community Hospital nursing staff, despite a Doctor not being immediately available.

The immediate treatment of life threatening anaphylaxis by drug therapy has been well documented, with early interventions producing the best possible outcomes for the patient. Anaphylaxis can be described as Mild, Moderate and Severe. Severe Anaphylaxis can cause death within minutes if left untreated.

References

1. The Advanced Life Support Committee of the Australian Resuscitation Council.
Guideline 8.23 November 2003
2. Australian Medicines Handbook 2001
3. Lippincott, Williams & Wilkes: Illustrated Manual of Nursing Practice 3rd Edn.
4. MIMMS
5. Emergency Nursing Guidelines 2001 3rd Edition

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Administration of Adrenaline

Clinical Condition and Circumstances for use	Severe Anaphylaxis as defined by the Emergency nursing Guidelines 2001 (Laryngeal oedema, Wheeze, Stridor, dyspnoea, circulatory shock – hypotension, rapid thready pulse)
Limitations	No limitations in life threatening anaphylaxis, may not work as efficiently if patient using Beta-Blockers (alpha-agonist effects of adrenaline predominate)
Area of application	Hospital Inpatients UCS Residential Care District Nursing service Community Health Nursing
Contra-indications	<ul style="list-style-type: none"> ❑ There are no absolute contraindications to adrenaline in severe life-threatening allergic reactions ❑ Exemption from standing order
Monitoring	Continuous cardiac monitoring, SAO ₂ , pulse rate, NIBP.
Procedure	<ul style="list-style-type: none"> ❑ Cease Causative Agent if applicable ❑ O₂ @ 8L via face mask ❑ Check for allergies ❑ IMI Adrenaline into upper arm ❑ Establish IV Access - IV Normal Saline rapid infusion (1000cc for adults, 20mls/kg for children) ❑ Document change in clinical condition. ❑ Urgent consult with medical officer ❑ Repeat in 5 minutes if not improved to max of 1mg.
Documentation	All drugs administered as part of resuscitation are recorded and signed on medication section of the A&E patient form. The Nurse who administers the drug is to write “Standing Order” in the section provided for Doctors signature
Dosage	<p>Adults: 0.3mg of Adrenaline</p> <ul style="list-style-type: none"> ❑ Adrenalin EpiPen or ❑ 3mls of 1:10,000 <p>Children: 0.01mg/kg</p> <ul style="list-style-type: none"> ❑ 0.1ml of 1:10,000 per kg <p><i>Repeat five minutely until symptoms improve or maximum of 1mg administered.</i></p>
Adverse effects	Restlessness, anxiety, headache, palpitations, tachycardia.
Management of Complications	Commence appropriate ALS resuscitative measures and notify Medical Officer.

NB : Do not delay notification of the Medical Officer