

Asthma, Anaphylaxis and Adrenaline

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Mini Review

The article describes the use of adrenaline in the treatment of anaphylaxis and asthma.

The article gives an in depth view of how aliquots of adrenaline can be used in the treatment of anaphylaxis and asthma.

The bronchospasm in asthma and anaphylaxis is similar.

The adrenaline or epinephrine is a sympathomimetic agent and reverses the bronchospasm.

Thus the treatment of asthma and anaphylaxis is aliquots of adrelin in saline.

Adrenaline (epinephrine) intramuscularly (IM) in the anterolateral aspect of the middle third of the thigh (safe, easy effective);

Rapid assessment;

Airways; look for and relieve airway obstruction; call for help early if there are signs of obstruction.

Remove any traces of allergen remaining (eg, nut fragments, caught in teeth, with a mouthwash; beestings without compressing any venom sacs).

Breathing; look for and treat bronchospasm and signs of respiratory distress.

Circulation; colour, pulse or BP.

Disability; assess whether responding or unconscious.

Exposure; assess skin with adequate exposure, but avoid excess heat loss.

Always give oxygen and lay the patient flat.

Adult IM dose 0.5mgs IM.

Child IM dose 1; 1000 adrenaline

- 12 years 0,5 mgs IM
- 6-12 years 0,3 ml
- < 6 years 0,15 mls
- IM adrenaline should be repeated after 5 minutes
- Either IM or intravascularly!

Intravenous adrenalin (epinephrine) should only be administered by those with the necessary training and experience; such as anaesthetists, intensivist and emergency department physicians. It can be administered as a bolus dose or an infusion.

Patients requiring repeat bolus dosing should commence an infusion of adrenaline (epinephrine).

Half doses of adrenaline (epinephrine) may be safer for patients on amitriptyline, imipramine, monoamine-oxidase inhibitors (MAOI) or beta-blocker!