DO NOT FORGET · THE SHORT CHECKLIST



Anaphylaxis

Recognise, adrenaline IM, refractory pathway, observation and discharge

EM Orbit

Patient reference	Date	Time zero	Completed by

The 4 steps that must not be missed

- [ ] RECOGNISE

Sudden onset and rapid progression of life-threatening Airway, Breathing or Circulation problems

Usually with skin or mucosal changes — but skin changes can be absent, and skin changes alone are not anaphylaxis.

- [ ] ADRENALINE

Adrenaline IM 1 mg/mL (1:1,000) into the anterolateral mid-thigh — adult and child over 12 years: 500 mcg (0.5 mL)

6–12 years: 300 mcg (0.3 mL) · 6 months–6 years: 150 mcg (0.15 mL) · under 6 months: 100–150 mcg (0.1–0.15 mL).

- [ ] REFRACTORY ANAPHYLAXIS (NO IMPROVEMENT AFTER TWO IM DOSES)

Start a low-dose IV adrenaline infusion, by clinicians experienced in its use, per local protocol

Continue IM adrenaline every 5 minutes until the infusion is running. IV bolus adrenaline is for cardiac arrest only, outside expert hands.

- [ ] AFTER THE EMERGENCY

Observe: minimum 2 hours if resolved quickly with one dose · 6 hours if two doses or previous biphasic reaction · 12 hours if severe, refractory, more than two doses, severe asthma, or late presentation

Biphasic reactions occur in up to 5%.



The short list: an aid to memory, not the whole procedure. The full checklist is at the QR code. It does not replace your local protocol or your clinical judgement. Source: Resuscitation Council UK 2021.