



History of Presenting Illness:

- **SUDDENLY:**

No time to take a proper history!

Get a patent airway, and some blood pressure, then you talk...

OFTEN, the patient will report a feeling of impending doom, "angor animi"

**Cant breathe, stridor + wheeze, tachypnoea, cyanosis
Palmar erythema, pruritis, urticaria, angioedema
Syncope, hypotension, coma, death.**

Occurs in 2 phases: immediate reaction and delayed reaction (several hours afterwards)

A moment of reflection... could it be something else?

Pale, hypotensive, syncopal- could it be a vasovagal?

Could it be just severe asthma? maybe a panic attack...

Probably not, with all that angioedema and stridor...

MANAGEMENT

1. Intramuscular ADRENALINE right away:

Adrenaline is your friend: increases blood pressure, reduces vascular permeability, inhibits mast cell degranulation

and every 5 minutes until airway and BP is stable.

Watch for tachyarrhythmias

2. Intravenous PHENERGAN (antihistamine, H1 blockade)

And every 4 – 6 hrs as needed if patient is stable

3. Intravenous RANITIDINE (antihistamine, H2 blockade)

And every 4 – 6 hrs as needed if patient is stable

4. Intravenous METHYLPREDNISOLONE

Hopefully reduce severity of the delayed reaction

5. Salbutamol or Ipratropium bromide if airway still unstable and wheezy

6. Intravenous fluids if still hypotensive and shocked

7. Monitor for at least 24 hrs

8. Refer to immunologist for RAST allergen testing etc....

Patients on Beta-Blockers will NOT RESPOND to adrenaline!

→ **THUS Glucagon is good for them.** Inotropic, chronotropic, vasopressive effects independent of beta adrenergic receptors