

THE SOCIETY OF SPORTS THERAPISTS



Sports Trauma Management

9. Exposure, Environment & Everything Else

c. Medical Emergencies

iv. Anaphylaxis

16 Royal Terrace, Glasgow, G3 7NY, T: 0845 600 2613, F: 0141 332 5335, W: www.society-of-sports-therapists.org, E: admin@society-of-sports-therapists.org



The Society of Sports Therapists

ANAPHYLAXIS

- Allergens
 - Drugs, penicillin, latex, peanuts, fish, insect stings
- Signs
 - AIRWAY
 - Lip, tongue, pharyngeal, epiglottis, swelling & occlusion
 - BREATHING
 - Wheeze
 - CIRCULATION
 - Peripheral vasodilation & hypotension
 - SKIN
 - Angio-oedema, pruritis, urticaria
 - GI TRACT
 - Nausea, vomiting, cramps, diarrhoea



ANAPHYLAXIS MANAGEMENT

- Protect the airway early
- O2 via NRBM
- Adrenaline IM 1:1000
 - Repeated after 5 mins
- Fluid therapy if hypotensive



- EpiPen (25Kg+)
 - 0.3mg 1:1000 adrenaline
- EpiPen Jr (7.5-25Kg)
 - 0.15mg 1:2000 adrenaline

- Administered to anterolateral thigh
- Twin pack (carry 2 at all times)
- Administer at first signs of anaphylaxis
- Repeat after 5 mins if necessary





ANAPHYLAXIS MANAGEMENT

- Also consider
 - 1mg in 5mls Adrenaline Nebulised
 - **5mg Salbutamol (Ventolin) nebulised if wheezy**
 - **IV Hydrocortisone 200mg**
 - IV Chlorpheniramine (Piriton) 10mg
- Medication may need repeating
- Bi-phasic reaction
 - Sx recur in 24-36hrs