Assess for:
Upper airway obstruction  
(stridor, oral swelling)
or
Lower airway obstruction
(wheeze, respiratory distress)
or
Shock  
(dizziness, pale, clammy)

Call for help  
Remove trigger / causative agent  
Position flat or sitting, not walking or standing

NO

Cardiac arrest?

YES

Adrenaline IM  
Use auto injector if available  
(preferred injection site upper outer thigh)

Adults: 0.5mg (0.5ml of 1:1,000)
Children: 10mcg/kg (0.01mL/kg of 1:1,000)  
(min dose 0.1mL, max dose 0.5mL)
Repeat every 5 minutes as needed

Attach cardiac monitoring  
High flow oxygen  
IV access  
For shock:  
0.9% saline rapid infusion
Adults: 1,000mL  
Children: 20mL/kg

Refer Advanced Life Support algorithm

Observe (4 hours min)  
Monitor vital signs, reassess ABC  
Consider steroids and oral antihistamine

RESOLUTION

Call for specialist advice  
Consider:
• Transfer to advanced care setting  
• Further 0.9% saline  
• Nebulised adrenaline for upper airway obstruction
• Adrenaline infusion  
• Inotropic support  
• Nebulised salbutamol for lower airway obstruction

• Transfer to advanced care setting  
• Further 0.9% saline  
• Nebulised adrenaline for upper airway obstruction
• Adrenaline infusion  
• Inotropic support  
• Nebulised salbutamol for lower airway obstruction

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