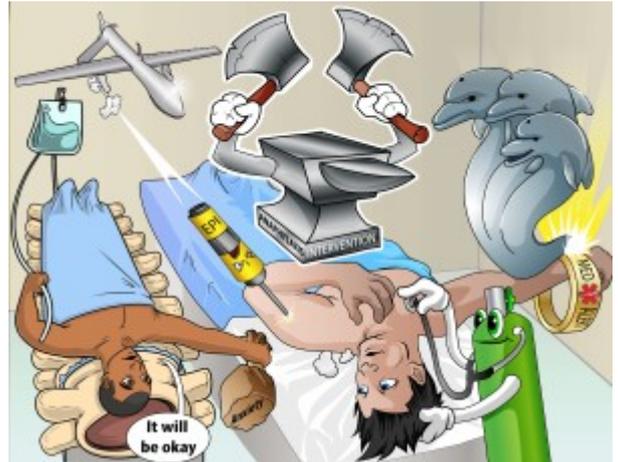


Anaphylaxis Intervention

Anaphylaxis is a life threatening Type 1 hypersensitivity reaction characterized by a widespread immune response after exposure to an antigen which initiates mast cell degranulation releasing chemical mediators like histamine. These widespread presentations include systemic vasodilation with decreased cardiac output as well as bronchoconstriction. Anaphylaxis intervention typically consists of first assessing the airway and oxygen needs. Patients with anxiety may be reassured. Patients should be placed in a supine position and given methylprednisone, epinephrine, and diphenhydramine. Patients should also be given a medical alert bracelet and educated on the importance of wearing it.



PLAY PICMONIC

Intervention

Epinephrine

[Epi-pen](#)

This drug is used during anaphylaxis because of its vasoconstrictive effects, helping reverse hypotension and reduce airway mucosal edema. Stimulation of beta-2 receptors causes bronchodilation and reduces the release of inflammatory mediators. Epinephrine auto-injectors typically contain a 0.3 mg dose for intramuscular administration in adults. The mid-outer thigh (anterolateral aspect of the thigh) is the preferred location for injection. Intravenous epinephrine is reserved for refractory cases of anaphylaxis and is administered as a slow infusion or carefully titrated small boluses (typically 10–100 mcg at a time) under close monitoring to avoid serious cardiovascular complications.

Reassure Patient with Anxiety

[Reassuring Patient with Anxiety-bag](#)

Patients with anaphylactic shock typically have a feeling of “impending doom.” Decreasing anxiety will help the patient focus on breathing and following commands.

Supine Position

[Spine Position](#)

Patients experiencing anaphylaxis may be placed in a supine position. This can aid in perfusion and oxygenation.

IV Fluids

[IV-bag](#)

IV fluids are crucial in anaphylaxis because massive vasodilation and increased capillary permeability can lead to severe hypotension and shock. Rapid infusion of large-volume isotonic crystalloids, such as normal saline, helps restore circulating blood volume, improve perfusion, and stabilize blood pressure while other treatments take effect.

Diphenhydramine (Benadryl)

[Dolphin-hydra](#)

Diphenhydramine (Benadryl), 25–50 mg IV, is a histamine H1 antagonist used as adjunctive therapy for allergic reactions, including anaphylaxis. It is typically given as a single dose and may be repeated after several hours if needed, but it should not be administered every 15 minutes due to the risk of toxicity.

Methylprednisolone (Solu-medrol)

[Metal-predator-drone](#)

Methylprednisolone (Solu-medrol) helps decrease the inflammatory response of the body. It will also decrease bronchial edema.

Assess Airway and Oxygen Needs

[O2-tank Assessing Airway](#)

Apply oxygen as prescribed using high-flow oxygen via a non-rebreather mask. Dyspnea, wheezing, and stridor are typical signs of anaphylactic shock. Prepare for the possibility of intubation or cricothyrotomy and have the equipment available if the patient goes into respiratory arrest.

Medical Alert Bracelet

[Medical Alert Bracelet](#)

Educate the patient about the importance of wearing a medical alert tag identifying their potential allergens and anaphylaxis.