

Anaphylactic Reactions in Dialysis

Acute anaphylaxis is a medical emergency that requires immediate action.

When the attack is severe it is a life-threatening condition which can lead to cardiorespiratory arrest.

It can occur:

During plasmapheresis.

Due to a dialyser or line reactions although very rare.

Due to drug therapy on dialysis.

Reactions do not always occur during the patients first exposure to a new agent (eg test dose of IV iron). It can happen during the second or subsequent exposures as well.

If the patient shows symptoms or complains of....

- Suddenly feeling unwell
- Nausea or vomiting
- Backpain
- Headache
- Abdominal pain
- Hypotension
- Chest pain
- Breathing difficulties

1. Stop the infusion / blood flow immediately. Do not wash back, disconnect blood circuit and preserve vascular access.

2. Seek medical assistance immediately (phone 3333).

Get anaphylaxis box and administer (in order stated)

- IV hydrocortisone 100mgs
- IV chlorpheniramine (Piriton) 10 mgs
- IV Metoclopramide 10 mgs

3. In medical emergency only, administer subcutaneous Adrenaline 1:10,000 1 ml

The contents of the Anaphylaxis box are

Adrenaline 1:1000 1mg in 1mls x 2 minijets

Chlorphenamine 10mg in 1 ml x 1 ampoule

Hydrocortisone sodium succinate 100mg injection x 2 vials (powder for reconstitution)

Water for injections (5 ml) x 2 ampoules

5ml leur lock syringe x 2

Blue needle 23g 1 ¼" x 2

Green needle 21g 1 ¼" x 2

Alcohol swab 70% x 1

Resus council algorithm May 2009



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