EAACI Anaphylaxis Awareness Day
21 NOVEMBER

CLINICAL PREPAREDNESS

ANAPHYLAXIS PREPAREDNESS IN CLINICAL PRACTICE

A practical guide for healthcare professionals.

Anaphylaxis requires rapid recognition and immediate treatment. Prepared in a secure, professionals, clear protocols and effective patient education can improve emergency response and support long-term risk management.

PREPARE YOUR CLINICAL SETTING

- [ ] Ensure that a current anaphylaxis emergency protocol is readily available.
- [ ] Establish clear roles and responsibilities for managing an emergency.
- [ ] Ensure that adrenaline and other necessary emergency equipment are immediately accessible.
- [ ] Check emergency medication, equipment and expiry dates regularly.



BEFORE AN EMERGENCY

PREPARE THE SETTING AND THE PATIENT

Readiness combines reliable systems with effective patient education.

PREPARE YOUR CLINICAL SETTING

- [ ] Ensure relevant members of the clinical team receive regular training.
- [ ] Include practical emergency response exercises in staff training whenever possible.

ASSESS AND PREPARE THE PATIENT

- [ ] Assess the patient's history, possible triggers and individual risk factors.
- [ ] Provide an individualised emergency action plan when indicated.
- [ ] Ensure patients understand when and how to use their prescribed adrenaline auto-injector.
- [ ] Ask patients to demonstrate how they would use their device.
- [ ] Advise patients to keep prescribed medication accessible.
- [ ] Encourage patients to inform family, caregivers, schools or workplaces.

DURING AN EMERGENCY

RECOGNISE AND ACT IMMEDIATELY

Do not allow uncertainty to delay first-line treatment.

Consider anaphylaxis when there is a sudden reaction involving breathing or circulation, particularly with skin, mucosal or gastrointestinal symptoms or following exposure to a likely allergen. The absence of skin symptoms does not exclude anaphylaxis.

IMMEDIATE CLINICAL ACTIONS

- [ ] Follow the appropriate clinical emergency protocol.
- [ ] Administer intramuscular adrenaline promptly as first-line treatment.
- [ ] Contact or activate emergency medical support.
- [ ] Position and monitor the patient appropriately.
- [ ] Reassess continuously and repeat treatment when clinically indicated.
- [ ] Document the reaction, treatment, timing and patient response.

IMPORTANT
Antihistamines and corticosteroids must not delay adrenaline when anaphylaxis is suspected.

AFTER AN EMERGENCY

SUPPORT SAFE DISCHARGE AND FOLLOW-UP

Close the loop with clear information, referral and renewed preparedness.

BEFORE DISCHARGE

- [ ] Ensure appropriate clinical observation and assessment.
- [ ] Document the suspected trigger and circumstances.
- [ ] Provide clear verbal and written information.
- [ ] Review or provide an individual emergency action plan.
- [ ] Review the auto-injector prescription and technique.
- [ ] Replace medication used and arrange appropriate allergy referral.

CHECK UNDERSTANDING

- [ ] What may have caused the reaction and how can risk be reduced?
- [ ] When should adrenaline be administered and how is the device used?
- [ ] What should happen after adrenaline is administered?
- [ ] When and where will follow-up take place?

PREPARED PROFESSIONALS SUPPORT PREPARED PATIENTS.

Consult the latest EAACI Anaphylaxis Guidelines and applicable national protocols. This educational resource does not replace clinical judgement or locally approved emergency protocols.