



METRO HOME LINK

METRO HOME LINK

257 Fullarton Road,
Parkside SA 5063
PO Box 475,
Fullarton SA 5063
P: 1300 550 654
F: 08 8372 4888
E: metrohomelink@homenurses.com.au
W: www.homenurses.com.au
Hospital Provider 0067090F
ABN 59 008 193 100

ANAPHYLAXIS TREATMENT PROTOCOL & MEDICAL CONSENT

Phone 1300 550 654 Fax 8372 4888

Name: _____ DOB: _____

This standard consent form authorises our nurse to administer, in case of anaphylactic reaction/emergency, Adrenaline, to all patients being administered IV therapy.

STOP INFUSION IMMEDIATELY

- Place patient in recumbent position and elevate lower limbs, if patient is unconscious place them on their side
- Maintain : ➡ Airway ➡ Breathing ➡ Circulation**
- Assemble 1ml syringe and 23 gauge needle
- Administer Intramuscular Adrenaline 1:1000 0.5mls** (1mg/ml) at the first sign or suspicion of anaphylaxis

Adult Dose: 0.5mls Adrenaline 1:1000 Intramuscularly. This may be repeated at 5 minute intervals up to 5 times

Date	Time	Drug	Dose	Signature/Designation

- Site: IM** into the upper arm and massage the area (this helps distribute the drug quicker)
- Call an ambulance**
- If there is another person in the home instruct them to call for an ambulance while you administer the Adrenaline. Ensure there is access to the home by an open door
- Monitor blood pressure and pulse**
- Change IV giving set if on a Baxter Infuser**
- Ensure an adequate airway
- Insert Guedel Airway if patient becomes unconscious
- Continue to monitor vital signs frequently until ambulance arrives
- Commence CPR if required**
- Stay with patient until ambulance arrives

I, the referring medical officer authorise Home Support Services to administer the above treatment in case of anaphylaxis.

Print Name: _____

Medical Officer / Consultant Signature.....Date.....