Anaphylaxis Recognition in Pharmacy

Quick-reference for community pharmacists · Aligned with Resuscitation Council UK and NICE guidance

CALL 999: Airway, Breathing, or Circulation Affected

- ☐ Airway: stridor, hoarse voice, tongue swelling, throat swelling, or difficulty swallowing
- ☐ Breathing: wheeze, breathlessness, raised respiratory rate, or cyanosis
- ☐ Circulation: pallor, tachycardia, hypotension, syncope, or collapse
- ☐ Any ABC change following a likely allergen trigger
- ☐ Give adrenaline autoinjector into outer mid-thigh now if available
- ☐ If no improvement after 5 minutes, or symptoms return: give a second autoinjector if available
- ☐ Lay flat, legs raised. Do not allow standing or walking. If breathing difficult: sit with legs extended
- ☐ If unconscious but breathing normally: recovery position
- ☐ If unconscious and not breathing normally: start CPR and use AED if available

Do not wait for all features. ABC changes after a trigger are sufficient to act. Stay with the patient until the ambulance arrives.

IF UNCERTAIN: Call 999 Without Delay

- ☐ Not sure if mild reaction is early anaphylaxis: call 999
- ☐ Do not send patients alone to Accident and Emergency
- ☐ All suspected anaphylaxis requires hospital assessment (biphasic reactions can occur after apparent recovery)

There is no safe community pathway for suspected anaphylaxis. When in doubt, call 999.

LOCALISED REACTION ONLY: Self-Care with Safety-Netting

- ☐ Clearly localised: isolated urticaria, mild allergic rhinitis, or contact dermatitis only
- ☐ No airway, breathing, or circulation symptoms
- ☐ Non-sedating antihistamine (e.g. loratadine, cetirizine) is appropriate
- ☐ Confirm patient carries two in-date adrenaline autoinjectors; technique varies by brand
- ☐ Patients with previous anaphylaxis: particularly low threshold for emergency assessment if symptoms recur

Safety-net: call 999 if throat tightness, breathlessness, dizziness, or any systemic symptoms develop.

Red Flags at a Glance

Feature	More likely benign	Red flag
Onset	Gradual over hours; mild and localised	Rapid onset within minutes of a likely trigger; symptoms escalating
Airway	Mild throat irritation or nasal congestion	Stridor, hoarse voice, tongue swelling, throat tightness, difficulty swallowing
Breathing	Stable known asthma with usual symptoms. Worsening wheeze after allergen exposure: suspect anaphylaxis	Acute wheeze, breathlessness, raised respiratory rate, cyanosis
Circulation	Flushed or warm; normal pulse	Tachycardia, pallor, clamminess, hypotension, syncope or collapse
Skin/mucosa	Localised hive or itch at contact site	Generalised urticaria or angioedema (skin signs may be absent)
Patient state	Anxious but alert, normal colour	Sense of impending doom, sudden anxiety, agitation, confusion, or collapse

Key reminders: Intramuscular adrenaline is first-line and must not be delayed for antihistamines, inhalers, or medical review. Antihistamines are never a substitute. Skin signs may be absent; ABC changes after a likely trigger are sufficient to act. Repeat adrenaline after 5 minutes if no improvement. Biphasic reactions can occur after apparent recovery: all suspected anaphylaxis requires hospital assessment.

Pharmshark | Anaphylaxis Recognition | For educational use by healthcare professionals only. Does not replace clinical judgement, local pathways, or NICE guidance. Not for public self-diagnosis. | pharmshark.com