

# 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.

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