#SALFORD-EM-SIM

A Simfographic to Share the Learning!
31/01/25:Refractory Anaphylaxis (RA)

THE CASE...

Stage 1 pre-alert...

- A 38-year-old man is hypotensive with a reduced GCS. Cannulated + received fluid bolus pre-hospitally

THE CLUES...

Wheezy like a Sunday morning...

- On arrival, he is confused, breathless and wheezy
- Sats are 91% on room air, HR 120 bpm + 72/40
- Unable to obtain a clear Hx but handed over he was found outside a cafe

THE TECHNICAL...

A rush of adrenaline...

- Initially treated as life-threatening asthma - not everything that wheezes is asthma!
- A full A-->E exam revealed a developing uritcarial rash
- 2 x 500mcg doses of IM adrenaline + iv fluids were given but no improvement
- Using the anaphylaxis algorithm streamlined the prescription of an adrenlaine infusion for RA
- Also reminded the team to lay the patient flat - an upright position in such patients can trigger CV collapse

THE NON-TECHNICAL...

What else could this be...

- Learning to cope with diagnostic uncertainty is tough
- Anchor Wisely – avoid premature closure + ask what else could this be?
- Cognitive Cross-Check – use colleagues + decision tools to challenge your biases
- Don't be too disheartened if others 'get the answer right away' - they are benefitting from all the detective work you've already done + are coming to it with a fresh mind

THE TAKE HOME...

- Treating Anaphylaxis needs the 4 Rs - early **R**ecognition, **R**ecline your patient, **R**emove the trigger (if able) + **R**esuscitate with adrenlaine and fluids
- If refractory, start an adrenaline infusion
- Plan for how to deal with diagnostic uncertainty - it is a challenge you will face regularly in ED

Salford Emergency Simulations

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