

Title:

Impact of the new ALS guidelines on the emergency management of anaphylaxis- a two centre audit.

Objectives:

There has been a significant change to the UK guidance on the emergency management of anaphylaxis. We wanted to understand the impact of this change in managing and outcomes for anaphylaxis in two large emergency centres in Staffordshire. We also audited other aspects of managing these patients, including:

- a) measurement of serum tryptase and
- b) referral to specialist clinics.

Method:

Using ICD-10 codes, patient data was extracted from the University Hospital of North Midlands (UHNM) and the Shrewsbury and Telford hospitals (SATH) for ED attendances with anaphylaxis for 2018 and 2022. Data related to emergency management (including out-of-hospital management) and outcomes were extracted from individual patient records.

Results:

Data collection and analysis are ongoing. A total of 103 and 109 patients were coded as having attended with anaphylaxis in 2018 and 2022, respectively. Age at presentation ranged from 1-91 years. A small proportion (around 5%) of patients had received more than two doses of adrenaline. 58% (60/103) of patients in 2018 and 35% (39/112) in 2022 were admitted. There were no deaths due to anaphylaxis reported in either year. There was no significant difference in the number of adrenaline doses administered, antihistamine or steroid usage in 2022 compared with 2018.

Conclusions:

Death due to anaphylaxis presenting via the ED of two hospitals in our region is very low. Despite the new ALS guidelines, there has been very little change up to the end of 2022 in the emergency management of anaphylaxis. Steroids and antihistamines are still being used as the first line in the emergency management of anaphylaxis.

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