

Administration of Adrenaline Policy



Category	Procedure
Summary	<p>BAPAM offers soft tissue steroid injections to performers in its London clinic. The Steroid injections are injected with Local anaesthetic in a preservative solution. It is therefore essential to stock adrenaline in the London BAPAM clinic in case of an anaphylactic reaction.</p> <p>This policy outlines the guidance and procedures for when and how to give adrenaline in an anaphylactic reaction following a steroid injection.</p>
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Approval Date / Via	BAPAM Medical Committee
Distribution	<p>BAPAM website Clinicians' e-mail and Egress Workspace. Staff meetings Public website</p>
Related Documents	<p><i>Medicines management policy</i> <i>Incidents policy</i></p>
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Further Information	<i>Anaphylaxis algorithm – resuscitation council guidelines</i>

1. Policy Aim:-

The aim of this policy is to guide clinicians as to when they should give adrenaline in the case of an anaphylactic reaction and the correct processes to follow.

2. Definitions:-

Adrenaline: direct acting sympathomimetic agent which can be used to provide rapid relief of severe hypersensitivity reaction to drugs and other allergens in the emergency treatment in anaphylactic shock

Anaphylactic Reaction: widespread, life-threatening hypersensitivity reaction (mediated by Immunoglobulin E (IgE)).

3. Responsibilities:-

The Honorary or Associate Medical Director (if in post) is responsible for ensuring that all clinicians administering SIM (steroid injection material) are familiar with this policy.

In addition, it is the responsibility of all clinicians administering SIM) to ensure that they are clinically competent to administer adrenaline in the case of an anaphylactic reaction.

4. Process for the management of an anaphylactic reaction:

(See *Appendix* – flowchart for anaphylactic reaction post SIM administration – to be displayed in clinical area)

Suspect an anaphylactic reaction if:-

Acute onset of illness post administration of SIM with life-threatening airway and/or breathing and/or circulatory features, as below:-

Airway swelling, hoarseness, stridor

Breathing rapid breathing, wheeze, fatigue, cyanosis (blueness), confusion

Circulation pale, clammy, faintness, drowsy/coma, low blood pressure

If any of the above features are present:-

- Call for help from Clinic Admin staff
- Lie patient flat
- Raise patient's legs
- Clinician to administer adrenaline 1:1000, 500micrograms IM (0.5ml)
- Clinic Admin staff to phone 999 for ambulance – stating: ' anaphylactic, life threatening emergency'
- Clinician monitors patient's BP and HR
- Clinician should repeat adrenaline after 5 min if no clinical improvement

It is the responsibility of the clinician giving the injection to dispose of the sharps safely in accordance with *Medicines Management Policy Section 5*.

5. Ordering and storage of adrenaline

Orders of adrenaline must be authorised by BAPAM's Designated Officer (see *Medicine's Management Policy*).

It is the responsibility of the Designated Officer to ensure the adrenaline is in date. Out of date adrenaline is to be disposed of as clinical waste according to principles in place at the location of the BAPAM Clinic. Guidance and monitoring is the responsibility of the Office and Clinic Manager.

All adrenaline is stored in a locked cabinet in the clinic. Designated Clinic staff will have access to the key.

It is the responsibility of the authorised clinicians prior to commencing their clinic to ensure they have identified the location of the key with the Clinic staff on site.

Clinicians must also inform clinic staff when an injection has been given and ensure the patient remains on the premises for 20 minutes afterwards as outlined in the *Medicines Management Policy*.

6. Reporting incident

The Office and Clinic Manager must be informed as soon as is practically possible of any incident relating to SIM administration and anaphylactic reaction.

Any anaphylactic reaction must be recorded in the patient's notes and recorded as a Significant Incident by the Director as outlined by the *Incidents Policy*.

Any Health and Safety Incident (eg needle stick) must also be reported as a significant event and managed according to the *Needle Stick Injury* flowchart.

7. Breach of Policy

All BAPAM clinicians will receive a copy of this policy and training, and will be required to comply with it as a condition of working at BAPAM. Breaches of the policy may constitute professional misconduct and could lead to disciplinary action.

Version 1.0 = Sept 2015; 1.1 = March 2016 (Update by D Charnock) 1.2= May 2018 (Update by Dr M. Shipley)

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