Anaphylaxis: an emergency physician's perspective

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Anaphylactic reaction is a common problem encountered by the emergency physician. Although the drug treatment and management of anaphylaxis had been well published in the literature, the emergency management of anaphylaxis is still unsatisfactory. Severe anaphylactic reaction and death is not uncommonly reported. This article reviews the pathophysiology, aetiology, clinical manifestation, diagnostic approach, management algorithm and prevention of anaphylaxis with particular emphasis on the emergency physician's perspective. The clinical manifestation of anaphylaxis is significantly variable in terms of severity, onset and progression, which imposed a diagnostic challenge to emergency physician. An awareness that severe anaphylaxis can be rapidly fatal is essential for those working in the emergency room. Life threatening clinical features such as laryngeal oedema, bronchospasm and circulatory collapse must be recognized early and treated aggressively as favourable prognosis is well documented. The key to success in managing anaphylaxis emergency depends on the early recognition of anaphylaxis reaction, initial assessment, anticipation of deterioration and finally prompt and aggressive support of airway, oxygenation, ventilation and circulation. Adrenaline is the cornerstone of the treatment modality in anaphylaxis. This is currently underused, although, it is safe and almost always effective. At last prevention of subsequent episode of anaphylaxis should be considered a priority for emergency physician before discharging patient. (Hong Kong j.emerg.med. 2002;9:34-41)

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