



Assessment Name	Scenario 8 - Adult anaphylaxis
Level / Section:	Advanced Paramedic
Version:	Version 1 (May 2010)

Candidate Information

Scenario: You are called to a 30 year old lady who was stung by a bee while running in park. You are the first ambulance crew on scene.

Instructor information

The aim of this scenario is that the practitioner can classify the severity of an allergic reaction and initiate the appropriate therapy for each category. The patient initially presents with moderate symptoms – a rash, itch and a mild wheeze. However, her symptoms progress despite appropriate treatment. She develops both respiratory and haemodynamic compromise. She now has severe anaphylaxis. She does not respond to repeated doses of adrenaline or fluid resuscitation. It is important that the candidate give fluid therapy before considering hydrocortisone. They will be expected to demonstrate how they would prepare and administer a hydrocortisone infusion.

If asked the instructor may inform the candidate of the following:

Allergies – soaps and perfumes, Medications – various anti-itching creams

Medical History – eczema, no known cardiac history

Last Meal – light lunch 2 hours ago Event – stung by bee Social

History: single, non smoker, fit/not overweight, no family medical history

Equipment

AP Kit and Medication Bags (fully equipped), Adult Manikin, Epinephrine 1:1 000 X 3, Hydrocortisone 100 mg X 2, Normal Saline 0.9 % 100ml, Salbutamol 5 mg nebulas X 3, Nebuliser mask, Labels for meds, Giving set , Defibrillator with 12 lead ECP, NIBP and SPO2, Shock box / rhythm generator, Sharps Container, IV cannulation arm.

Key assessment points

Hydrocortisone (Medication)

Preparation and administration of an infusion (Skill)

Classifying the severity of anaphylaxis (Knowledge change)

Importance of volume resuscitation in distributive shock (New knowledge)





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Instructor information	Candidate key tasks	Score 0/1
Initial Assessment & Management		
<p>The patient is able to speak. She has a generalised itch and red, blanching rash. She has a mild wheeze on auscultation.</p> <p>Airway – patent No Increased WOB, Sats 97%, Pulse 95 regular, BP 120/80</p>	Introductions and gains consent	
	Assesses patient	
	Recognises rash, itch and mild bronchospasm	
	Attaches monitor	
	SAMPLE History	
	Recognises “Moderate Anaphylaxis” Critical Point – KNOWLEDGE CHANGE I	
	Administers Salbutamol 5mg nebule (can repeat x1)	
	Reassesses patient	
Patient deteriorates – severe anaphylaxis		
<p>If asked, A: patent B: resp 36, Sats 92%, bilateral wheeze, ++ accessory muscles C: P 140, BP 90/60</p> <p>Patient does not improve post 2nd dose of adrenaline and IV fluids. Resp rate 40, Sats 89%, P140, BP 80/50</p>	Recognises respiratory compromise	
	Recognises haemodynamic compromise	
	Recognises “Severe Anaphylaxis” Critical Point – KNOWLEDGE CHANGE II	
	Administer adrenaline 0.5mg IM (0.5ml of 1:1000)	
	States repeat adrenaline q5 min PRN	
	Establish IV access	
	Must consider IV fluid therapy before hydrocortisone Critical Point – NEW KNOWLEDGE	
	Administer 1L Hartmann’s solution IV/IO (can repeat x 1)	
	Consider Load and Go – early	
	Re-evaluate patient	
	Administer further dose of adrenaline	
	Recognises the criteria for hydrocortisone <i>Failure to improve or recurrence of symptoms or a history of</i>	





	<i>asthma</i> Critical Point - MEDICATION	
	Consider Hydrocortisone 200mg IV	
	Checks 7 rights of drug administration	
	Correctly draws up 200mg hydrocortisone infusion	
	Infusion is to be administered over 1-10 minutes so no rate calculations needed – give STAT Critical Point – SKILL	
	ASHICE message	

Score _____/25 = _____ %

Successful or Remediation	
A candidate must remediate if they did not complete a Critical Point or if they achieve a score < 70%	

Examiner 1:

Examiner 2:

