

Anaphylaxis Recognition in Pharmacy

Quick-reference for community pharmacists · Aligned with Resuscitation Council UK and NICE guidance

■ CALL 999 IMMEDIATELY: Airway, Breathing, or Circulation Affected

- Airway: stridor, hoarse voice, throat swelling, or difficulty swallowing
- Breathing: wheeze, breathlessness, raised respiratory rate, or cyanosis
- Circulation: pallor, tachycardia, hypotension, syncope, or collapse
- Any airway, breathing, or circulation change following a likely allergen trigger
- If adrenaline autoinjector available: administer into outer mid-thigh now and follow manufacturer's instructions
- Lay patient flat with legs raised (sit up only if breathing is compromised)

Do not wait for all features to be present. Airway, breathing, or circulation changes after a trigger are sufficient. Stay until ambulance arrives.

■ IF UNCERTAIN: Call 999 Without Delay

- Not sure if mild reaction is early anaphylaxis: call 999
- Do not send patients alone to Accident and Emergency
- All suspected anaphylaxis requires hospital assessment (biphasic risk: up to 20% of cases)
- Observation of 6 to 12 hours recommended; duration depends on risk factors and clinical condition

There is no safe community pathway for suspected anaphylaxis. When in doubt, call 999.

✓ LOCALISED REACTION ONLY: Self-Care with Safety-Netting

- Clearly localised: isolated urticaria, mild allergic rhinitis, or contact dermatitis only
- No airway, breathing, or circulation symptoms
- Non-sedating antihistamine (e.g. loratadine, cetirizine) is appropriate
- Confirm patient carries their prescribed adrenaline autoinjector and understands how to use it

Safety-net: call 999 if throat tightness, breathlessness, dizziness, or any systemic symptoms develop.

Feature	More likely benign	Red flag ■
Onset	Gradual over hours; mild and localised	Rapid onset within minutes of a likely trigger; symptoms escalating
Airway	Mild throat irritation or nasal congestion	Stridor, hoarse voice, throat tightness, difficulty swallowing
Breathing	Stable known asthma with usual symptoms	Acute wheeze, breathlessness, raised respiratory rate, cyanosis
Circulation	Flushed or warm; normal pulse	Tachycardia, pallor, clamminess, hypotension, syncope or collapse
Skin / mucosa	Localised hive or itch at contact site	Generalised urticaria or angioedema (skin signs may be absent)
Gastrointestinal symptoms	Mild nausea; no systemic features	Sudden abdominal cramps or vomiting alongside airway, breathing, or circulation symptoms
Trigger	Known mild intolerance; no systemic reaction	Allergen exposure (food, medicine, insect sting, latex) with multisystem symptoms
Patient state	Anxious but alert, normal colour	Sense of impending doom, extreme anxiety, or sudden collapse

Key reminders: Suspected anaphylaxis is a 999 emergency: intramuscular adrenaline is the first-line treatment; antihistamines alone are never a substitute. Skin signs may be absent; airway, breathing, or circulation changes after a likely trigger are sufficient to act. Symptoms can recur after apparent recovery: all suspected anaphylaxis should be assessed in hospital, even if the patient appears to recover fully.