Anapen is a prescription only medicine (POM) used for the treatment of anaphylaxis. It may be administered by any person to another person who is experiencing the life threatening condition of anaphylaxis. It should be given as Intramuscular injection.

Anapen should be stored at room temperature. The expiry date should be checked periodically and before use.

A second dose may be given after a 5 minute interval where the patient’s condition has not improved and medical assistance has not arrived.

**Dosage**

The recommended dosage of pre-loaded Anapen is:

- Adults & Children more than 60kg: **Anapen 500**
- Adults & Children 30kg - 60kg: **Anapen 300**
- Children 15kg - 30kg: **Anapen 150**
- Children under 15kg: **Anapen 150** (Unlicensed)

**NB:** For some children 15kg -30kg on basis of a dose of 10 microgram/kg, Anapen 300 may be more appropriate.

**Diagnosis** - look for

- Acute onset of illness.
- Life threatening Airway and / or Breathing and/ or Circulation problems.
- Skin changes.

NB Skin changes alone do not constitute anaphylaxis. In 20% of cases skin and / or mucosal changes are subtle or absent.

**Records**

After administration of adrenaline the following should be recorded in the patient’s nursing record and medicines administration record.

- Name & dosage of drug
- Date & time given
- Route of administration
- Signature of Nurse administering drug

It is imperative that ambulance personnel are made aware of the drugs given.

**Training Requirements**

Any Health Practitioner wishing to use Anapens will ensure that s/he has familiarised themselves with the product and is competent in all aspects of administration, including cautions and side effects.

The Health Practitioner will have due regard for the Nursing & Midwifery Council’s Code: Standards of Conduct, Performance and Ethics.

Comprehensive training videos produced by the manufacturer on the use of auto injectors can be accessed on the following site [www.anapen.co.uk](http://www.anapen.co.uk)

**References**

2. Standards of conduct, performance and ethics for nurses and midwives. Nursing & Midwifery Council (NMC)
Anaphylactic reaction?  
Airway, Breathing, Circulation, Disability, Exposure

Diagnosis - look for:
- Acute onset of illness
- Life-threatening Airway and/or Breathing and/or Circulation problems
- And usually skin changes

- Call for help
- Lie patient flat
- Raise patient's legs (if breathing not impaired)

Intramuscular Adrenaline

1 Life-threatening problems:
Airway: swelling, hoarseness, stridor
Breathing: rapid breathing, wheeze, fatigue, cyanosis, SpO2 < 92%, confusion
Circulation: pale, clammy, low blood pressure, faintness, drowsy/coma

2 Intramuscular Adrenaline
IM doses of 1:1000 adrenaline (repeat after 5 min if no better)
- Adult: 500 micrograms IM (0.5 mL)
- Child more than 12 years: 500 micrograms IM (0.5 mL)
- Child 6-12 years: 300 micrograms IM (0.3 mL)
- Child less than 6 years: 150 micrograms IM (0.15 mL)

Intramuscular Adrenaline - Within HFT, use recommended pre-loaded Anapen as listed under Dosage on Page 1.

- It is imperative that if anaphylaxis is suspected then an ambulance or ‘crash team’ is called urgently.
- The full 2008 Resuscitation Council anaphylaxis guidelines are available on www.resus.org.uk
- This algorithm can be downloaded as a chart for your clinical area on the above website.