



1. An inhaled beta₂-agonist such as salbutamol may be used as an adjunctive measure if bronchospasm is severe and does not respond rapidly to other treatment.
2. If profound shock judged immediately life threatening give CPR/ALS if necessary. Consider slow IV adrenaline (epinephrine) 1:10,000 solution. This is hazardous and is recommended only for an experienced practitioner who can also obtain IV access without delay. Note the different strength of adrenaline (epinephrine) that may be required for IV use.
3. If adults are treated with an EpiPen, the 300 micrograms will usually be sufficient. A second dose may be required. Half doses of adrenaline (epinephrine) may be safer for patients on amitriptyline, imipramine, or beta blocker.
4. A crystalloid may be safer than a colloid.

Fig. 1 Anaphylactic reactions: treatment for adults by first medical responders