

Medication Safety Series: MSS 9

Administration of Adrenaline

Why?

- The administration of adrenaline with the purpose of saving a life is underpinned within schedule 19, Regulation 238 of the Human Medicines Regulations of 2012, which enables it to be administered without a prescription.
- Within TEWV we support the administration of adrenaline for the treatment of anaphylaxis without the need for a prescription or patient group direction (PGD).
- In line with the Trust Resuscitation policy ([click here](#)) adrenaline is administered to cease the life threatening, generalised or systemic hypersensitivity reaction: characterised by rapidly developing airway and/or breathing and/or circulation problems usually associated with skin and mucosal changes. (See also [MMS7: Allergies](#))

What?

- Dose** (of adrenaline 1 in 1000 [1 mg/ml]):
- Adults and adolescents (over 16 years): 500 micrograms (0.5 ml)
 - Under 6 years: 150 micrograms (0.15 ml) ¹
 - 6-12 years 300 micrograms (0.3 ml)
 - 12-16 years: 500 micrograms (0.5 ml) ²
- ¹ Use suitable syringe for measuring small volume; ² 300 micrograms (0.3 ml) if child is small or pre-pubertal
- Administration:**
- Intramuscular injection into the anterolateral aspect of the middle third of the thigh (see **overleaf**)
 - This dose can be repeated at 5 minute intervals according to BP, pulse & respiratory function; usual maximum 3 doses but may continue if symptoms persist in presence of or if verbally instructed by Intermediate Life Support (ILS)-trained staff (medic or physical health practitioner)

Where?

- Adrenaline available in emergency drug bags (for anaphylaxis):**
- Adrenaline (Epinephrine) 1 in 1000 (1 mg/ml) x 1 ml ampoules

What Training is available?

- Administration of adrenaline is covered in Basic Life Support (BLS) and ILS training. Additional resources are available on the Resuscitation pages of the intranet - including training videos on the administration of auto-injectors (to support non-registered staff escorting patients on leave).
- Completion of BLS or ILS training is defined by individual job roles. If BLS or ILS training is not defined in your training requirements, but you do one of the following activities, then contact the training and Education department to ensure this training is added to your training Matrix and then completed. This will be applicable for:
 - Anyone who administers injections e.g., depot antipsychotics, vaccines, rapid tranquilisation (RT)
 - Any registered nurse who currently works within a ward or team where injectable emergency drugs are kept.
- Face to face Emergency Drug Bags and injection training is available via our medicines management nurses for all healthcare professionals who administer injections. This includes injection into the lateral thigh.

N.B.: Adrenaline auto injectors will only be supplied for personal use in high risk patients (those with history of anaphylaxis/severe allergy) - for while they are away from the ward (e.g. ground leave) or for overnight leave/discharge from a TEWV care setting where immediate access is required and a personal supply is not already available (in Patients Own Drugs or at home). In these circumstances, two devices should be supplied.

In these circumstances adrenaline auto-injectors can be administered by non-registered staff that have completed the training video described above.

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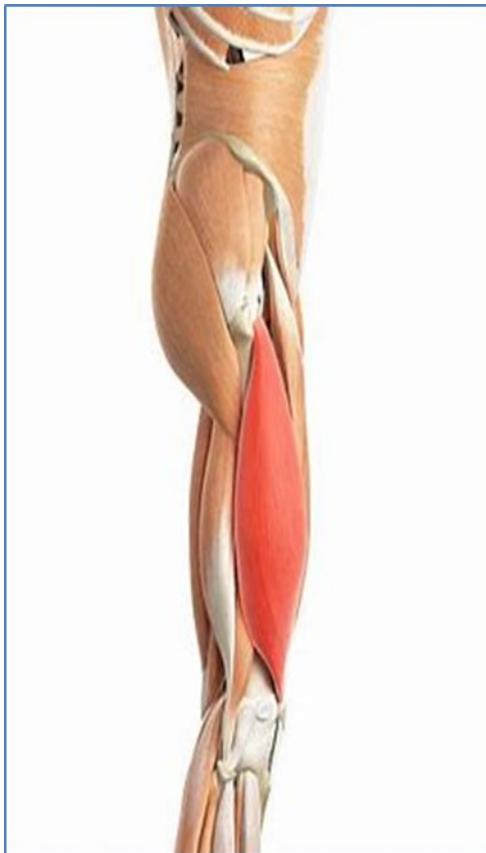
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EMERGENCY ADMINISTRATION OF ADRENALINE

In the event of the need to administer adrenaline for anaphylaxis within the ward setting or within the community all staff **MUST** use the adrenaline ampoules, needles and syringes contained within either the blue emergency drug bag (on the wards) or the red anaphylaxis bag (in community).

The dose for adults (and children over the age of 12) is 500 micrograms - 0.5 ml - in the Vastus lateralis (front thigh) - the same site you would administer an auto injector.

This dose can be repeated at 5 minute intervals according to BP, pulse & respiratory function; usual maximum 3 doses but may continue if symptoms persist in presence of or if verbally instructed by ILS-trained staff (medic or physical health practitioner)



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