

Re: “2. **Anaphylaxis: diagnosis and management**”, by Simon GA Brown, Raymond J Mullins and Michael S Gold, in the 4 September issue of the Journal (*Med J Aust* 2006; 185: 283-289). In Box 6 on page 287 (“Emergency management of anaphy-

laxis”), there is an error in the third line. The correct wording should be “Give adrenaline IM (lateral thigh) 0.01 mg/kg (**maximum dose 0.5 mg**)”. The corrected Box is reproduced in full below. □

6 Emergency management of anaphylaxis

EMERGENCY MANAGEMENT OF ANAPHYLAXIS

1 Stop administration of causative agent (if relevant), assess reaction severity and treat accordingly

Call for assistance

Give adrenaline IM (lateral thigh) 0.01 mg/kg (maximum dose 0.5 mg)

Set up IV access

Lay patient flat (elevate legs if tolerated)

Give high flow oxygen + airway/ventilation support if needed

IF HYPOTENSIVE, ALSO:

Set up additional wide-bore IV access (ie, 14G or 16G in adults) for normal saline infusion

Give IV normal saline bolus 20 mL/kg over 1–2 min under pressure

2 If there is inadequate response, an immediate life-threatening situation, or deterioration:

Start an **IV adrenaline infusion**, as per hospital guidelines/protocol

OR

Repeat IM adrenaline injection every 3–5 min, as needed

IM = intramuscular. IV = intravenous. Adapted with permission from: Brown SGA. Anaphylaxis: clinical concepts and research priorities. *Emerg Med Australas* 2006; 18: 155-169.¹⁷ ♦