

Anaphylaxis and emergency response in procedure units

Standard operating procedure (SOP) | PRO-SOP-004

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Title	Anaphylaxis and emergency response in procedure units
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
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Replaces	None (new document)
Standards and criteria supported	Standard 11 (Procedure Units), criterion 11.6, 11.13
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Adrenaline and the other emergency drugs are in a known place and ready before any procedure.
2. The emergency response is practised, and the team knows its roles.
3. Anaphylaxis is treated at once as the protocol sets, and the patient is observed after the event.
4. Equipment and drugs are checked on the schedule in HOS-SOP-015.

Stop and get help straight away if: a procedure starts without adrenaline and resuscitation equipment ready and checked.

1. Purpose

To make sure the unit can treat anaphylaxis and other emergencies in minutes (11.6, 11.13).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To make sure the unit can treat anaphylaxis and other emergencies in minutes (11.6, 11.13).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Medical director	Owns the protocol and the drug list	Clinician
Nurse in charge	Checks the kit before each session	Nurse

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Check the kit.	• Check adrenaline, airway and resuscitation equipment before each session (HOS-FRM-013).	Before each session.
2	Treat at once.	• Treat anaphylaxis at once as the protocol sets, and call for help.	At once.
3	Observe and record.	• Observe the patient after the event and record the response and any transfer.	Observed and recorded.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Sessions with the emergency kit checked before use	100%	Monthly	Nurse in charge	Escalate to medical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-FRM-013	Daily resuscitation check record (existing, reused)	Record
HOS-SOP-015	Resuscitation equipment checks (existing, reused)	Procedure

16. Evidence

ID	Source and status
E-009	Based on the ASF Expert Committee consensus and the WHO Guidelines for Safe Surgical Care and Safe Procedures (2009).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval