SOP · ALR-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 53.2

At a glance

- Anaphylaxis is recognised from its early signs and treated as an emergency at once (PRO-SOP-004).
- Adrenaline is given at the dose and route in the written protocol, and the time is recorded.
- Adrenaline and the emergency kit are stocked, checked and in date (ALR-REG-001).
- Each episode is recorded and reviewed (PRO-FRM-006).
- Stop and get help straight away if: anaphylaxis is suspected and adrenaline is not given without delay, or the adrenaline in the clinic is out of date.

1. Purpose

To make sure anaphylaxis is recognised and treated immediately, with the emergency kit ready (53.2).

2. Scope

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

3. Definitions

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

4. Background

To make sure anaphylaxis is recognised and treated immediately, with the emergency kit ready (53.2).

5. Responsibilities

Role	Responsibility	Competence
Treating clinician	Recognises and leads the response	Clinical lead
Nurse	Gives adrenaline and keeps the kit ready	Treating clinician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Recognise.

- Recognise the early signs of anaphylaxis (airway, breathing, circulation, skin).

Key point: Recognised.

Step 2. Treat.

- Give adrenaline at the protocol dose and route, and call for help.
- Record the time of each dose.

Key point: Treated.

Step 3. Check and review.

- Check the kit each day (ALR-REG-001). Review each episode (PRO-FRM-006).

Key point: Checked.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Episodes with adrenaline given at once	100%	Each episode	Clinical lead	Review the episode
Daily kit checks completed and in date	100%	Daily	Nurse	Restock at once

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

ID	Title	Use
ALR-REG-001	Anaphylaxis episode and adrenaline check register	Register
PRO-SOP-004	Anaphylaxis and emergency response in procedure units (existing, reused)	SOP

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Allergy & Immunotherapy Safety Endorsement** (AMB-18)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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