

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 [MSS7: 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 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?

- The current training for the administration of Adrenaline is an eLearning module and can be found and accessed on ESR.
- Any staff undertaking the training will be required to achieve a 100% pass mark on completion.
- Face to face injection training is available for all healthcare professionals who administer injections.
- This training is **mandatory** for - any healthcare professionals who administer injections regularly, e.g. depot antipsychotics, flu vaccines.
- This training **should** be completed by - any registered Nurse who currently works within a department or ward where emergency drugs are kept and is unfamiliar with the use and administration of Adrenaline.

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.

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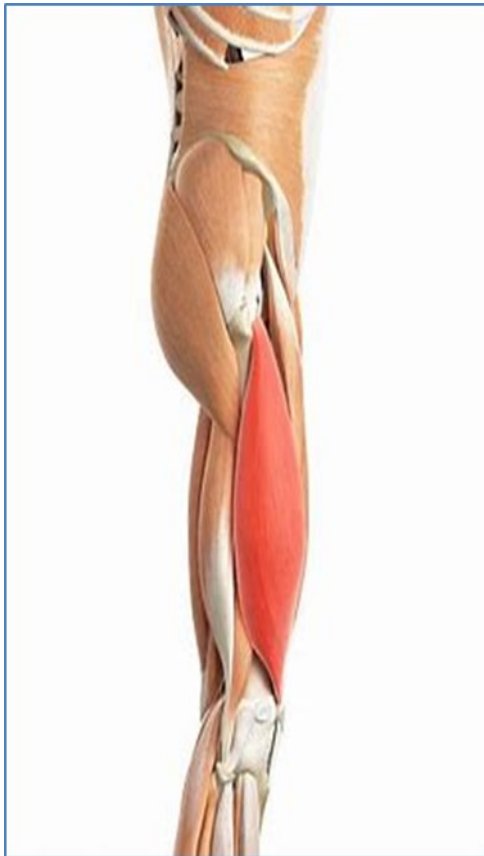
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EMERGENCY ADMINISTRATION OF ADRENALINE

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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