

UPDATE

Enhanced Membership Privileges

CT Cardiac Scan at NUH

GP Partners will enjoy a **5% waiver off the published rate** for CT Cardiac Scan at the National University Hospital. This is a benefit of NHG Partners membership and is exclusive to NHG GP Partners only (not for GP's patients). This waiver is for a **limited period** - only from **1 July 2008 to 31 December 2008**.

Please identify yourself as an **NHG Partner** when making an appointment and also bring your **NHG Partners Membership Card**. For enquiry or to make an appointment, please call **Tel: 6772 5201**.



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Figure 1 Common signs and symptoms of anaphylaxis

1. Cutaneous symptoms (occur in up to 90 per cent): itch, flushing, urticaria, angioedema.
2. Respiratory symptoms (occur in up to 70 per cent): nasal congestion, rhinorrhoea, dysphonia, sensation of choking, stridor, cough, wheeze, rhonchi, dyspnea.
3. Gastrointestinal symptoms (occur in up to 40 per cent): nausea, vomiting, diarrhea, abdominal colic.
4. Cardiovascular symptoms (occur in up to 35 per cent): dizziness, palpitation, tachycardia, hypotension.

Figure 2 Initial assessment and emergency management of anaphylaxis in adults

- Check airway, breathing, circulation, and consciousness.
- Remove the suspect inciting allergen (e.g. stop a suspect medication).
- Place patient in the supine position (if tolerated) if low blood pressure (BP).
- Intubate immediately if marked stridor or respiratory arrest is present. Prepare for possible intubation if there is airway involvement or significant angioedema of face or neck.
- Intramuscular (IM) injection of adrenaline into the anterolateral thigh. Recommended dose of adrenaline (1 mg per mL) is 0.3 to 0.5 mg per single dose. It may be repeated at five to 15-minute intervals. If symptoms are severe, set up an intravenous (IV) adrenaline infusion. The dose for IV infusion is two to 10 micrograms per minute, titrated to effect on BP. If no IV access, three to five mL of adrenaline (0.1 mg per mL preparation), may be instilled via the endotracheal tube.

- Supplemental oxygen six to eight litres by face mask up to 100 per cent.
- Set up IV line. In hypotension, give immediate larger volume fluid resuscitation. Any patient who does not respond promptly and completely to IM adrenaline is assumed to have intravascular volume depletion causing persistent hypotension and should also receive large volume fluid resuscitation. Maintenance normal saline to maintain venous access if BP normal.
- Adjunctive therapies include antihistamines, bronchodilators, and glucocorticoids. Diphenhydramine 25 to 50 mg may be given IV. If for oral therapy, second-generation H1-antihistamines are preferred over first-generation agents as they begin to work within one hour. If bronchospasm does not respond to IM adrenaline, nebulise with bronchodilators e.g. salbutamol.
- Monitor cardiopulmonary status, including heart rate, blood pressure, respiratory rate, and pulse oximetry for the duration of the episode or until patient leaves for continuation of care in hospital.

