Addendum to: Guideline for acute therapy und management of anaphylaxis

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Since publication of the guidelines “Acute treatment and management of anaphylaxis” occasionally questions regarding the dosages of adrenaline after intra-venous application have been asked.

Especially the recommended concentration of a 1 : 10 dilution of 1 mg Adrenaline in 10 ml NaCl 0,9% intravenously was regarded as too high; higher dilutions were proposed.

The guideline committee has discussed this problem intensively and came to the following addendum, which should help to explain the legends of tables 6 and 7:

1. The doses appearing in the tables have to be red with the general text of the guidelines: intravenous application of adrenaline is only recommended when intra-muscular applications have failed; recommended are solutions of 0,1 mg pro ml under continuous control of cardiovascular parameters and depending upon effect and side-effects. This concentration corresponds to actual recommendations in position papers and guidelines. The dose can be given in single boli with 0,5 ml (50 mg) according to clinical response.
2. If possible from an organisational point of view under non-resuscitation conditions lower concentrations with more precise titration can be achieved by a higher dilution; (e.g. 1 mg adrenaline in 100 ml NaCl 0,9%, ie a solution of 10 mg pro ml or even 1 mg adrenaline in 250 ml NaCl 0,9% (4 mg/ml) -) is recommended. This concentration can be applied under continuous control

of cardiovascular parameters and depending upon effects and side-effects. Under monitor control a dose of 1 to 10 (or 15) mg per minute in adults is recommended. The dose can be adjusted according to the clinical response and side-effects.

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