

15 December 2020

Australian Commission on Safety and Quality in Health Care  
Acute Anaphylaxis Clinical Care Standard - Consultation

Dear Secretary,

**Re: Acute anaphylaxis clinical care standard - consultation**

The RACGP thanks the Australian Commission on Safety and Quality in Health Care (ACSQHC) for the opportunity to comment on the draft Acute Anaphylaxis Clinical Care Standard. The draft clinical care standard includes six quality statements describing care that should be offered to people experiencing anaphylaxis, and a set of indicators to support health service organisations with local monitoring of quality improvement activities. The RACGP notes while the stated intention of the clinical care standard is that it applies to different care settings including general practice, a majority of the information is written from a hospital perspective.

We offer specific comments on the quality statements below.

**Quality statement 2: Immediate injection of intramuscular adrenaline**

*“A patient with anaphylaxis, or suspected anaphylaxis, is administered adrenaline intramuscularly without delay, before any other treatment including asthma medicines. Corticosteroids and antihistamines are not first line treatment for anaphylaxis.”*

We recommend, in addition, that adrenaline for immediate intramuscular injection and adequately trained clinicians are available at all places where immunisations are given.

The explanation for clinicians for this statement, p.15, line 6, states to *‘Include a ‘when required (prn) order for IM adrenaline on an admitted patient’s medication chart if they have a known allergy and have been prescribed an adrenaline injector...’* The RACGP advises this should not be included in the advice because it risks creating delays if clinicians feel they should be checking drug charts and seeking authority to administer. The emergency use of medicines should be managed according to protocols and training. Standing protocols should be in place to expedite the IM administration of adrenaline.

**Quality statement 4: Access to a personal adrenaline injector in all healthcare settings**

*“A patient who has an adrenaline injector has access to it for self-administration during all healthcare encounters. This includes patients keeping their adrenaline injector safely at their bedside during a hospital admission.”*

The RACGP recommends this statement is reconsidered or re-worded to accommodate general practice visits where no potential allergic triggering event is anticipated. Similarly, for people with allergy to bee stings, hospital bedside adrenaline auto-injections may be an unreasonable expectation.

**Quality statement 5: Observation time following anaphylaxis**

*“A patient with anaphylaxis is observed in a healthcare facility for at least four hours after their last dose of adrenaline, or overnight as appropriate according to the current ASCIA (Australasian Society of Clinical Immunology and Allergy) Acute Management of Anaphylaxis Guideline. Observation timeframes are determined based on assessment and risk appraisal after initial treatment.”*

The location at which the four hour observation period should occur is unclear. The wording in this statement effectively means all patients must be admitted to a hospital following anaphylaxis. If this is the intention, the requirement should be clearly articulated.

**Quality statement 6: Discharge management**

*“Before a patient leaves a healthcare facility after having anaphylaxis they are equipped to respond safely in case of a recurrence. They receive an anaphylaxis action plan, an adrenaline injector or prescription if there is risk of re-exposure to the allergen, and education on allergy management strategies. Arrangements for a consultation with their general practitioner and a clinical immunology/allergy specialist are included in the discharge care plan and explained to the patient.”*

This statement is only applicable to hospital care, rather than non-hospital settings. The RACGP recommends rewording, to be inclusive of primary care settings.

The RACGP thanks the ACSQHC for the opportunity to submit a response. If you have any queries please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on (03) 8669-0544 or at [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au)

Yours sincerely



**Dr Karen Price**  
President