Clinical care standard indicators: Acute Anaphylaxis

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Identifying and definitional attributes

Metadata item type: Indicator Set

Indicator set type: Other

METEOR identifier: 745144

Registration status: Australian Commission on Safety and Quality in Health Care, Standard 24/11/2021

Description: The Australian Commission on Safety and Quality in Health Care has produced these indicators to support health service organisations to monitor how well they are implementing the care recommended in the Acute Anaphylaxis Clinical Care Standard. The indicators included in this specification are a tool to support local clinical quality improvement and may be used to support other quality assurance and peer review activities.

The goal of the Acute Anaphylaxis Clinical Care Standard is to improve the recognition of anaphylaxis, and the provision of appropriate treatment and follow-up care.

The Acute Anaphylaxis Clinical Care Standard relates to the care provided to adults, children and infants when they are experiencing anaphylaxis – from initial presentation to a healthcare setting or first clinical contact in the community, through to discharge and planning for follow-up care. It also applies to many patients who experience anaphylaxis while in a healthcare facility.

The Acute Anaphylaxis Clinical Care Standard does not include:

- The management of anaphylaxis in patients in operating theatres and intensive care units where specialised clinical expertise and haemodynamic monitoring are available
- Detailed assessment of allergies and their management
- Care provided by schoolteachers, bystanders or other non-medically trained people
- Food management in healthcare facilities. Note: All about Allergens for Hospitals is a free National Allergy Strategy online training course for food allergen management (and ward staff) in Australian hospitals, available from foodallergytraining.org.au.

This standard applies to care provided in the following care settings:

- Hospitals, including public and private hospitals, subacute facilities, day procedure services and outpatient clinics
- Emergency services, such as ambulance services
- Radiology and imaging services
- General practice
- Other primary healthcare settings, such as Aboriginal Controlled Health Services and community pharmacies.

A clinical care standard contains a small number of quality statements that describe the clinical care expected for a specific clinical condition or procedure. Indicators are included for some quality statements to help health service organisations monitor how well they are implementing the care recommended in the clinical care standard.

The quality statements that are included in the Acute Anaphylaxis Clinical Care Standard are as follows:

1. **Prompt recognition of anaphylaxis.** A patient with acute-onset clinical deterioration with signs or symptoms of an allergic response is rapidly assessed for anaphylaxis, especially in the presence of an allergic trigger or a history of allergy.
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 treatments for anaphylaxis.

3. **Correct patient positioning.** A patient experiencing anaphylaxis is laid flat, or allowed to sit with legs extended if breathing is difficult. An infant is held or laid horizontally. The patient is not allowed to stand or walk during, or immediately after the event until they are assessed as safe to do so, even if they appear to have recovered.
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.
5. **Observation time following anaphylaxis.** A patient treated for anaphylaxis remains under clinical observation for at least 4 hours after their last dose of adrenaline, or overnight as appropriate according to the current Australasian Society of Clinical Immunology and Allergy Acute Management of Anaphylaxis Guidelines. Observation timeframes are determined based on assessment and risk appraisal after initial treatment.
6. **Discharge management and documentation.** Before a patient leaves a healthcare facility after having anaphylaxis, they are advised about the suspected allergen, allergen avoidance strategies and post-discharge care. The discharge care plan is tailored to the allergen and includes details of the suspected allergen, the appropriate ASCIA Action Plan, and the need for prompt follow-up with a general practitioner and clinical immunology/allergy specialist review. Where there is a risk of re-exposure, the patient is prescribed a personal adrenaline injector and is trained in its use. Details of the allergen, the anaphylactic reaction and discharge care arrangements are documented in the patient's healthcare record.

Relational attributes

Indicators linked to this Indicator set:

Acute Anaphylaxis Clinical Care Standard: 01-Evidence of a locally approved anaphylaxis pathway
Australian Commission on Safety and Quality in Health Care, Standard 24/11/2021

Acute Anaphylaxis Clinical Care Standard: 02-Proportion of patients with anaphylaxis treated with intramuscular adrenaline
Australian Commission on Safety and Quality in Health Care, Standard 24/11/2021

Acute Anaphylaxis Clinical Care Standard: 04-Evidence of a locally approved policy to ensure patients maintain access to their personal adrenaline injectors.
Australian Commission on Safety and Quality in Health Care, Standard 24/11/2021

Acute Anaphylaxis Clinical Care Standard: 06a-Evidence of local arrangements that ensure patients treated for anaphylaxis receive tailored discharge planning prior to separation from hospital.
Australian Commission on Safety and Quality in Health Care, Standard 24/11/2021

Acute Anaphylaxis Clinical Care Standard: 6b-Proportion of patients treated for anaphylaxis separated from hospital with a completed ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Drug (Medication) Allergy.
Australian Commission on Safety and Quality in Health Care, Standard 24/11/2021

Acute Anaphylaxis Clinical Care Standard: 6c-Proportion of patients treated for anaphylaxis who require adrenaline injectors who are supplied or prescribed an adrenaline injector prior to separation from hospital.
Australian Commission on Safety and Quality in Health Care, Standard 24/11/2021

Collection and usage attributes

National reporting arrangement:	Clinicians and health service organisations may choose to prioritise some of the suggested indicators based on the focus of quality improvement activities at the health service. No benchmarks are set for the indicators.
Comments:	Monitoring the implementation of the Acute Anaphylaxis Clinical Care Standard will assist in meeting some of the requirements of the National Safety and Quality Health Service Standards (ACSQHC 2017).

Source and reference attributes

Submitting organisation:	Australian Commission on Safety and Quality in Health Care
Reference documents:	Australian Commission on Safety and Quality in Health Care 2017. National Safety and Quality Health Service Standards. 2nd ed. Australian Commission on Safety and Quality in Health Care, Sydney. Australian Commission on Safety and Quality in Health Care 2021. Acute Anaphylaxis Clinical Care Standard. Australian Commission on Safety and Quality in Health Care, Sydney.