## Once Situation is Stabilised

| Consider Steroids          | **Dexamethasone** 0.1 - 0.4 mg/kg  
(Paediatric maximum 12 mg)  
**Hydrocortisone** 2 - 4 mg/kg  
(Paediatric maximum 200 mg) |
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<tbody>
<tr>
<td>Consider ORAL Antihistamines</td>
<td>Consider Oral non-sedating Antihistamines when patient able to take oral medications</td>
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<tr>
<td>I.V./I.M. Antihistamines</td>
<td>NOT RECOMMENDED</td>
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</table>

### Consider: Proceed/Cancel/Postpone Surgery
Postoperative ICU/HDU monitoring

### Investigations
- Tryptase at 1 hour, 4 hours and > 24 hours  
Send to laboratory for processing ASAP  
If >1 hour to laboratory then refrigerate  
Use serum (SST) or plain tube  
- Other investigations as clinically indicated  
- Coagulation screen if proceeding with surgery

### Observations
- Monitor closely for 6 hours  
- Consider 24 hours ICU/HDU if moderate to severe  
- Anaphylaxis may persist for >24 hours despite aggressive treatment

### Letter with Patient: Reaction Description + Agents Used
Refer Patient for Testing and Allergy Assessment
For referral form & to locate nearest testing centre go to www.anzaag.com