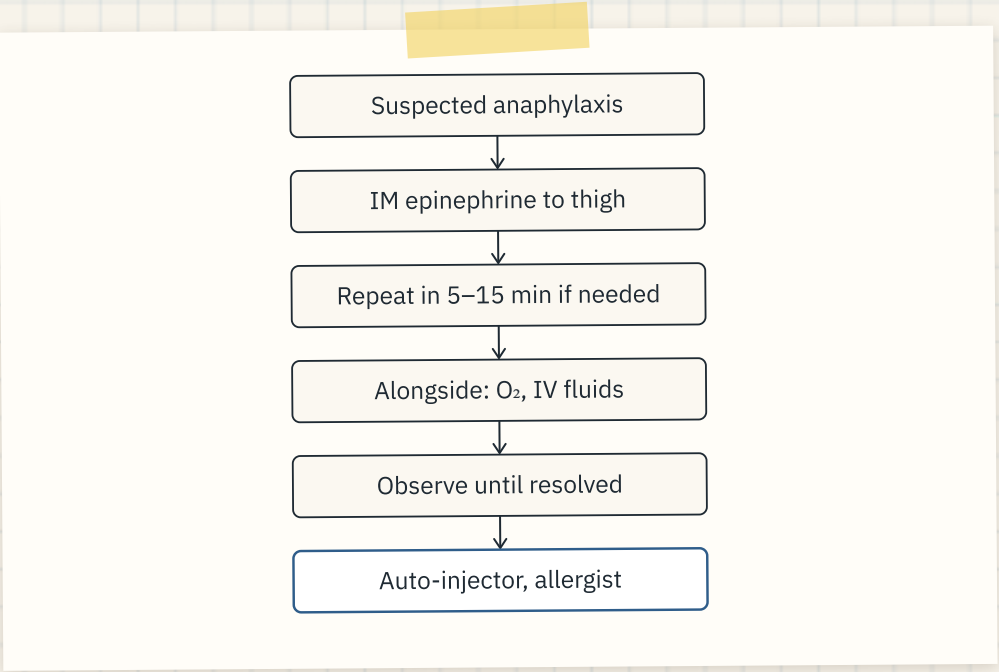
Anaphylaxis: epinephrine first

Recognise it, inject first, then adjuncts



Step by step

1. Recognise the pattern; never wait for hives
2. IM epinephrine into the thigh
3. Repeat every 5–15 min if needed
4. Adjuncts: position, oxygen, IV fluids, albuterol
5. Observe; teach, auto-injector, allergist

Pattern	Features
One	Skin or mucosal signs + breathing trouble, low BP or collapse, or severe GI symptoms
Two	Sudden low BP, bronchospasm or laryngeal involvement after a likely allergen, no rash needed

Two patterns of anaphylaxis

IM EPINEPHRINE DOSE

`0.01 mg/kg of 1 mg/mL, max 0.5 mg`

mid-outer thigh; repeat every 5–15 min if symptoms persist

Rule of thumb

Epinephrine first, adjuncts after

70 kg: 0.7 mg, capped at 0.5 mg = 0.5 mL

Exam traps

- An antihistamine does not treat airway swelling or shock.
- Corticosteroids and antihistamines do not reliably prevent a second wave.
- Albuterol is not a replacement for epinephrine.
- No universal observation time: observe until symptoms fully resolve.

Anaphylaxis treatment: recognition and epinephrine first

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/emergency-acute-care/anaphylaxis-recognition-epinephrine-first-line

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