

# What to do if you suspect an anaphylactoid reaction as a result of rt-PA.

CONSIDER IF ANY ONE OF	TREAT AS SEVERE IF
<ul style="list-style-type: none"><li>• Rash</li></ul>	<ul style="list-style-type: none"><li>• Airway compromised</li></ul>
<ul style="list-style-type: none"><li>• Urticaria</li></ul>	<ul style="list-style-type: none"><li>• Clinically shocked</li></ul>
<ul style="list-style-type: none"><li>• Bronchospasm</li></ul>	
<ul style="list-style-type: none"><li>• Angioedema</li></ul>	
<ul style="list-style-type: none"><li>• Hypotension</li></ul>	
<ul style="list-style-type: none"><li>• Shock</li></ul>	

## STANDARD MANAGEMENT

(depending on severity of reaction)

1. Stop infusion of rt-PA
2. Urgent medical assessment – "airway, breathing and circulation"
3. Adrenaline 0.5-1ml **1 in 1000** im or sc NOT iv (dose depends on severity of reaction)
4. Hydrocortisone 200mg iv
5. Chlorpheniramine 10mg iv
6. Salbutamol nebuliser – 5mg
7. If shocked give iv saline and consider repeat doses of adrenaline