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FIRST AID FOR ANAPHYLACTIC SHOCK

Ryabov V.O., Zhabotynska N.V.

The National University of Pharmacy, Kharkiv, Ukraine

fuel922@gmail.com

The aim of our study was to investigate of first aid in anaphylactic shock (ASH), which is an immediate type allergic reaction, accompanied by life-threatening clinical manifestations (dramatic decrease in blood pressure, disorders of the central and peripheral nervous systems, respiratory failure, etc.). When parenteral preparations were given al ASH develops immediately after oral - 30-60 minutes.

Most actual causes of anaphylaxis are drug, insect and food allergy.

There are main symptoms typically begin within 15 min of exposure and involve the skin, upper or lower airways, cardiovascular system, or gastrointestinal tract. Symptoms range from mild to severe and include flushing, pruritus, urticaria, sneezing, rhinorrhea, nausea, abdominal cramps, diarrhea, a sense of choking or dyspnea, palpitations, and dizziness.

First aid should begin with the immediate cessation of allergen to the body. Patient should be put on a flat surface (head should be placed below the level of the feet), turn his head to the side, push the lower jaw, and remove removable dentures. Call an ambulance for tel.103 or 112. The primary and most important measure is the introduction of patient pharmacotherapy adrenaline (epinephrine) to control symptoms ASH and high blood pressure. The drug is administered in diluted 1: 1000 (1 mg / ml) at a dose of 0.2-0.5 ml for adults and 0.01 mg per kg of body weight for children, but no more than 0.3 mg dose. Epinephrine injected intramuscularly in the lateral thigh or subcutaneously every 5 minutes. Patients who have stridor and wheezing unresponsive to epinephrine should be given O₂. Hypotension often resolves after epinephrine is given. Persistent hypotension can usually be treated with 1 to 2 L (20 to 40 mL/kg in children) of isotonic IV fluids (eg, 0.9% saline). Hypotension refractory to fluids and epinephrine may require vasopressors (eg, dopamine 5 mcg/kg/min).

After that, the patient should be taken to hospital, where he be getting specialized care.

Diasamidze Natia, Misiurova S.V.	380
Kolodeznaya T. Yu., Ratushnaya K. L., Dobrova V. Ye.	381
Korniushkina D.I., Kozyura C.A., Dolzhykova O.V.	382
Moroz V.A., Almohssen Karrar Ali	383
Orobchuk I.V, Kyslytsya R.I , Misiurova S.V.	385
Prisich K.S., Zhurenko D.S., Tsubanova N.A.	387
Sheptunova A.M., Ivanova K.S., Tarasenko O.O.	388
Shishkova D.V., Zhulay T.S.	389
Suwaed Zaid, Gerasymenko O.V.	391
Timchenko Yu.V. Goslinskaya H.S. Klepikov D.A.	392
Vetrova K.V., Davishnya N.V., Sakharova T.S., Shebeko S. K.	393
Volvak A., Misiurova S.V.	395
10.MODERN PHARMACOTHERAPY	397
Blinova T.V., Snezhko N.V, Tryshchuk N.M.	398
Ediberidze A.E., Serduk I.S., Ryabova O.A.	399
Emirova E.I., Kashuta V.E.	400
Fedoruk D.V., Pinkevich V.A., Pozdniakova A.Yu., Kutsenko T.A.	401
Joulali Zouhir, Zhabotynska N.V.	402
Kuznechenko O.L., Lytvynova O.N.	403
Maksimyuk K.M., Savokhina M.V.	404
Musievskaya I. M., Zabara I.P., Tryshchuk N.M.	405
Noskova Yu.O., Tryshchuk N.M.	406
Onashko Y.N., Iermolenko T.I.	408
Ovsienko.E.V., Drogovoz S.M.	409
Putnenko N.O., Kashuta V.E.	410
Ravshanov T., Iermolenko T.	411
Ryabov V.O., Zhabotynska N.V.	412
Smelova N.N, Ryabova O.A.	413
Solovieva V.O., Zhabotynska N.V.	414
Tolmacheva K.S., Ryabova O.A.	415
Tsemenko K.V., Kireyev I.V.	416
Urazova L.F., Ananko S.Ya.	418
Verkhovodova Y.V., Kireyev I.V.	419
Vozna I. O., Savokhina M.V.	421
11.PHARMACOECONOMIC RESEARCH OF MEDICINES	422
Bondarenko D.V., Barylyuk N.A.	423
Fedirko V. A.	424