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### Letter to the Editor

#### Anaphylaxis—junior doctors' knowledge of guidelines

Sir,

Gopalakrishnan and Alexander highlight the lack of knowledge of anaphylaxis guidelines by junior doctors.<sup>1</sup> The authors mention that deficiencies in knowledge of cardiopulmonary resuscitation guidelines among junior doctors has been documented before but do not mention that the lack of knowledge about local anaphylaxis resuscitation guidelines and the use of adrenaline (epinephrine) in anaphylaxis by junior doctors in the United Kingdom, New Zealand and India has also been documented in the past.<sup>2–5</sup> These surveys have shown that junior doctors are confused about the dose and route of administration of adrenaline in anaphylaxis, with only 5–23% of respondents giving adrenaline as recommended by their local guidelines.<sup>2–5</sup> Correct administration of adrenaline is essential to improve outcome and reduce the complications associated with anaphylaxis.<sup>6</sup> Medical students should have the competencies outlined by the Acute Care Undergraduate Teaching (ACUTE) initiative for the care of acutely ill patients.<sup>7</sup> One of the competencies is to recognise and initiate treatment for an anaphylactic reaction. Unfortunately this topic still appears to be neglected. Life support courses such as ALS (Advanced Life Support) and IMPACT (Ill Medical Patients' Acute Care and Treatment) include the treatment of anaphylaxis but perhaps they should contain even more emphasis on this topic. The BLS (Basic Life Support), ILS (Immediate Life Support) and ALERT (Acute Life Threatening Emergencies Recognition and Treatment) courses cover most of the ACUTE initiative competencies but not competence in the management of anaphylaxis. Many medical students and junior doctors attend these courses, so perhaps anaphylaxis management should be a part of these courses too.<sup>7</sup>

Recommendations made so far, such as placement of anaphylaxis guidelines or pre-filled adrenaline syringes (0.5 mg 1:1000 for intramuscular administration) on resuscitation trolleys, should help to ensure that the correct dose of adrenaline is given in anaphylaxis; however, it is not known if this will improve junior doctor's knowledge of anaphylaxis guidelines because, to the best of my knowledge, these interventions have never been assessed.<sup>1,3</sup> I agree

with the authors that constant re-enforcement of the guidelines is essential but this important topic also needs more attention during undergraduate training. Medical schools, local hospitals, resuscitation councils and allergy societies need to play a more pro-active role in improving junior doctor's knowledge of the management of anaphylactic reactions according to local resuscitation guidelines.

#### Conflict of interest statement

None to declare.

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