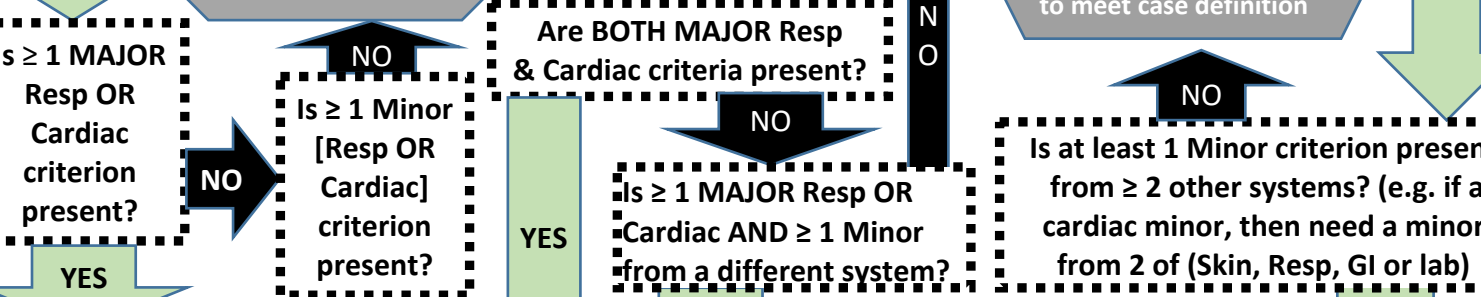
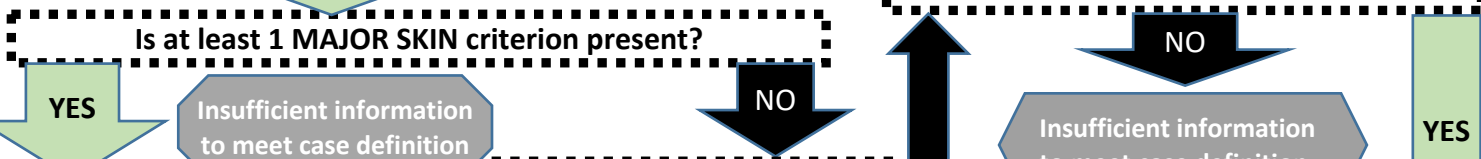


MAJOR CRITERIA (tick all present)		Minor Criteria (tick all present)	
<input type="checkbox"/> Generalized urticaria (hives) <input type="checkbox"/> Generalized erythema <input type="checkbox"/> Angioedema (generalized / localized) <i>Hereditary angioedema excluded</i> <input type="checkbox"/> Generalized pruritus WITH rash	<input type="checkbox"/> ≥1 Skin MAJOR	<input type="checkbox"/> ≥1 Skin Minor <input type="checkbox"/> 1 Cardiac Minor	<input type="checkbox"/> Localized injection site urticaria <input type="checkbox"/> Red AND itchy eyes <input type="checkbox"/> Generalized prickle sensation <input type="checkbox"/> Generalized pruritus WITHOUT skin rash
<input type="checkbox"/> Measured hypotension <input type="checkbox"/> ≥ 3 signs of uncompensated shock: <input type="radio"/> Tachycardia <input type="radio"/> Capillary refill > 3 seconds <input type="radio"/> Reduced central pulse volume <input type="radio"/> ↓ level OR loss of consciousness	<input type="checkbox"/> ≥1 Cardiac MAJOR	<input type="checkbox"/> ≥1 Resp* Minor <input type="checkbox"/> ≥1 Gastro-intestinal Minor <input type="checkbox"/> 1 Lab Minor	<input type="checkbox"/> ≥ 2 signs of reduced peripheral circulation: <input type="radio"/> Tachycardia <input type="radio"/> Capillary refill > 3 seconds <input type="radio"/> Decreased level of consciousness <input type="checkbox"/> Persistent dry cough <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Sensation of throat closure <input type="checkbox"/> Sneezing OR rhinorrhea <input type="checkbox"/> Difficulty breathing WITHOUT wheeze or stridor
<input type="checkbox"/> Bilateral wheeze (bronchospasm) <input type="checkbox"/> Stridor <input type="checkbox"/> Upper airway swelling (tongue, throat, uvula, larynx) <input type="checkbox"/> ≥ 2 signs of respiratory distress: <input type="radio"/> Tachypnoea <input type="radio"/> Cyanosis <input type="radio"/> Grunting <input type="radio"/> Chest retractions/recessions <input type="radio"/> Increased use of accessory respiratory muscles	<input type="checkbox"/> ≥1 Resp* MAJOR	*Resp = Respiratory	

Is at least 1 MAJOR criterion present?

NO → **Is ≥ 1 Minor Resp OR ≥ 1 Minor Cardiac criterion present?**

YES → **Is at least 1 MAJOR SKIN criterion present?**



Level 1 Anaphylaxis

Level 2 Anaphylaxis

Level 3 Anaphylaxis