

Medicines Safety Bulletin

March 2025

Management of anaphylaxis and adrenaline

Anaphylaxis is a potentially life-threatening allergic reaction with sudden onset of **Airway** and/or **Breathing** and/or **Circulation** problems.

The guidance from the Resuscitation Council UK, released in 2021, can be read here: [Guidance: Anaphylaxis | Resuscitation Council UK](#). The emphasis is on early treatment with intramuscular adrenaline.

Standard anaphylaxis kits now contain only adrenaline for intramuscular injection and dosing guidance for patients of all ages. Antihistamines (such as chlorphenamine) have no role in treating the respiratory or cardiovascular symptoms of anaphylaxis. The use of corticosteroids (such as hydrocortisone) is restricted to the treatment of refractory reactions or ongoing asthma or shock, after **initial** treatment with IM adrenaline.

For more information or to discuss the management of anaphylaxis contact your Trust Resuscitation Team.

Aspiration risks with GLP1 and GLP1/GIP receptor agonists



The January 2025 MHRA [Drug Safety Update](#) highlighted the potential risk of pulmonary aspiration during general anaesthesia or deep sedation for patients using GLP-1 or dual GIP/GLP-1 receptor agonists.

Examples of these medications include:

Semaglutide (Ozempic/Wegovy), Dulaglutide (Trulicity), Exenatide extended-release (Bydureon), Liraglutide (Victoza/alternative generics) and Tirzepatide (Mounjaro).

These medications are known to cause delayed gastric emptying. Because of this, standard preoperative fasting procedures may be insufficient to ensure complete

gastric emptying. Patients who also have other risk factors such as underlying diabetic gastroparesis, obesity, gastroesophageal reflux disease, or symptoms of delayed gastric emptying may be at higher risk of aspiration.

Current [national](#) and local guidance advises continuing these medications, as the risk of loss of glycaemic control before surgery outweighs the risk of aspiration. Extra precautions are now required, however.

Actions for staff:

- When taking medication histories, consider that patients may have obtained these medications for aesthetic weight loss and may not readily disclose this unless directly asked. Private prescriptions may not always be included in patient records
- Anaesthetists should provide individualised assessments of patients' aspiration risk, ascertaining if patients are taking these medications as early as possible before surgery and specifically at pre-assessment clinics
- Report suspected adverse drug reactions associated with GLP-1 and dual GIP/GLP-1 receptor agonists, aspiration and other surgical complications on a [Yellow Card](#)

Safe administration of Okedi

Several cases of painful injections and difficulties in pushing the liquid through the needle have been reported at SLAM with Okedi.

Okedi is a long-acting injectable formulation of risperidone. administered every 28 days.

The box of Okedi contains two pre-filled syringes. One contains drug powder, and the

other contains a suspending vehicle (referred to as the 'solvent' by the manufacturer). The solvent freezes below 19°C. This means the solvent may become solid at room temperature. Obviously, Okedi must not be stored in a fridge or freezer.



Frozen or partially frozen solvent should not be used. Only the use of fully liquid solvent allows even suspension of drug particles and assures ease of injection.

When drawing up the solvent syringe from the packaging, it is important to ensure that the contents are fully liquid. All injections of Okedi should be warmed to ensure they are not frozen.

Once it is confirmed that the solvent is liquid, the two syringes (solvent and powder) must be connected together and the contents mixed before administration. This involves rapidly pushing the plungers alternately for 100 pushes (2 pushes a second, for approximately 1 minute). Details of this process are at the end of the patient information leaflet, in the section titled [Information for Healthcare Professionals](#).

Contacts:

GSTT: alice.oborne@gstt.nhs.uk ;
medicinessafetyofficerteam@gstt.nhs.uk
 KCH: Bianca.Levkovich@nhs.net; kch-tr.mso@nhs.net
 SLAM: Siobhan.Gee@slam.nhs.uk
 KHP Pharmaceutical Sciences:
David.Taylor@slam.nhs.uk