Allergic urticaria in internal hospital

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Allergic Urticarial also known as Haves, affects about 20 percent of people at some time during their lives. It can be triggered by many substances or situations and usually starts as an itchy patch of skin that turns into swollen red welts. Its signs are an outbreak of swollen, pale red bumps, patches, or welts on the skin that appear suddenly either as a result of allergies, or for other reasons.

Urticaria (Hives) usually causes itching, but may also burn or sting. They can appear anywhere on the body, including the face, lips, tongue, throat, or ears. Hives vary in size (from a pencil eraser to a dinner plate), and may join together to form larger areas known as plaques. They can last for hours, or up to several days before fading. Urticaria causes angioedema too, but the swelling occurs beneath the skin instead of on the surface. Angioedema is characterized by deep swelling around the eyes and lips and sometimes of the genitals, hands, and feet. It generally lasts longer than normal hives, but the swelling usually goes away in less than 24 hours. Acute urticaria is a common disorder that often prompts patients to seek treatment in the emergency department. In fact, acute urticaria is the most common cutaneous disease treated in the emergency department. Determining whether urticaria is part of an anaphylactic reaction is important. If an anaphylactic reaction occurs.

Allergic urticarial can be admitted in Internal Hospital due to the severity of the attack . It may occur with the following symptoms and medical attention from the doctor is needed right away: dizziness; wheezing; difficulty breathing; tightness in the chest; swelling of the tongue, lips, or face. If associated angioedema is present, especially if laryngeal angioedema is suspected, prehospital administration of 0.3-0.5 mg of intramuscular epinephrine may be warranted. If associated bronchospasm is present, prehospital nebulized albuterol may be warranted.

Other measures may be appropriate, such as continuous electrocardiography (ECG); blood pressure and pulse oximetry monitoring; administering IV crystalloids if the patient is hypotensive; and administering oxygen. If the patient has angioedema that is treated successfully in the ED, the patient should be sent home with an EpiPen prescription. The patient should be instructed to keep the EpiPen with him or her at all times and to use it if swelling of the lips, tongue, or face develops or if his or her voice becomes acutely hoarse.

Care: Identify the etiology of the acute urticaria if possible. If an inciting agent can be identified, instruct the patient to avoid it. The major goal is to control the severity of acute urticaria lesions until the process resolves over 4-6 weeks.

Inpatient therapy may be required if the urticaria is severe and does not respond to antihistamine therapy, or if the patient's condition progresses to laryngeal angioedema and/or anaphylactic shock.

Special care may be needed by a patient with urticarial but most important is one to stay away from the agents that causing it, if identified and to make sure patient follow all medical advises.