Anaphylaxis is an acute severe life-threatening generalized or systemic hypersensitivity reaction. New German and English guidelines have been developed. Therapy is now primarily guided by symptomatology. There have been no principal changes in the treatment algorithm. However, the early administration of intramuscular adrenaline in the outer aspect of the thigh is particularly encouraged, which may be repeated after >5 minutes or followed by intravenous application when needed. Further interventions and medications are: to stop the allergen contact, emergency call, symptom-oriented positioning, Hi-receptor blockers, glucocorticosteroids, supervision as well as inhalation of oxygen, adrenaline, betamimetics and volume substitution. There are many gaps in the evidence for recommendations and further research is needed. New aspects in the guidelines are alarm limits for vital parameters, precise dosing recommendations and patients support after anaphylaxis. Indications for the prescription of the adrenaline autoinjector in patients with continued risk for anaphylaxis have been detailed. Patients should receive emergency medications including adrenaline, an emergency plan, an anaphylaxis pass and shall be informed about prophylaxis and self-therapy. Structured patient group education is recommended for those with persistent risk for anaphylaxis.