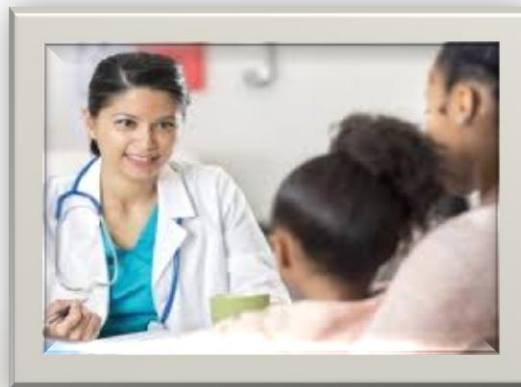


Long- term management of anaphylaxis

By: Dr.Moghtaderi



Aim of Presentation

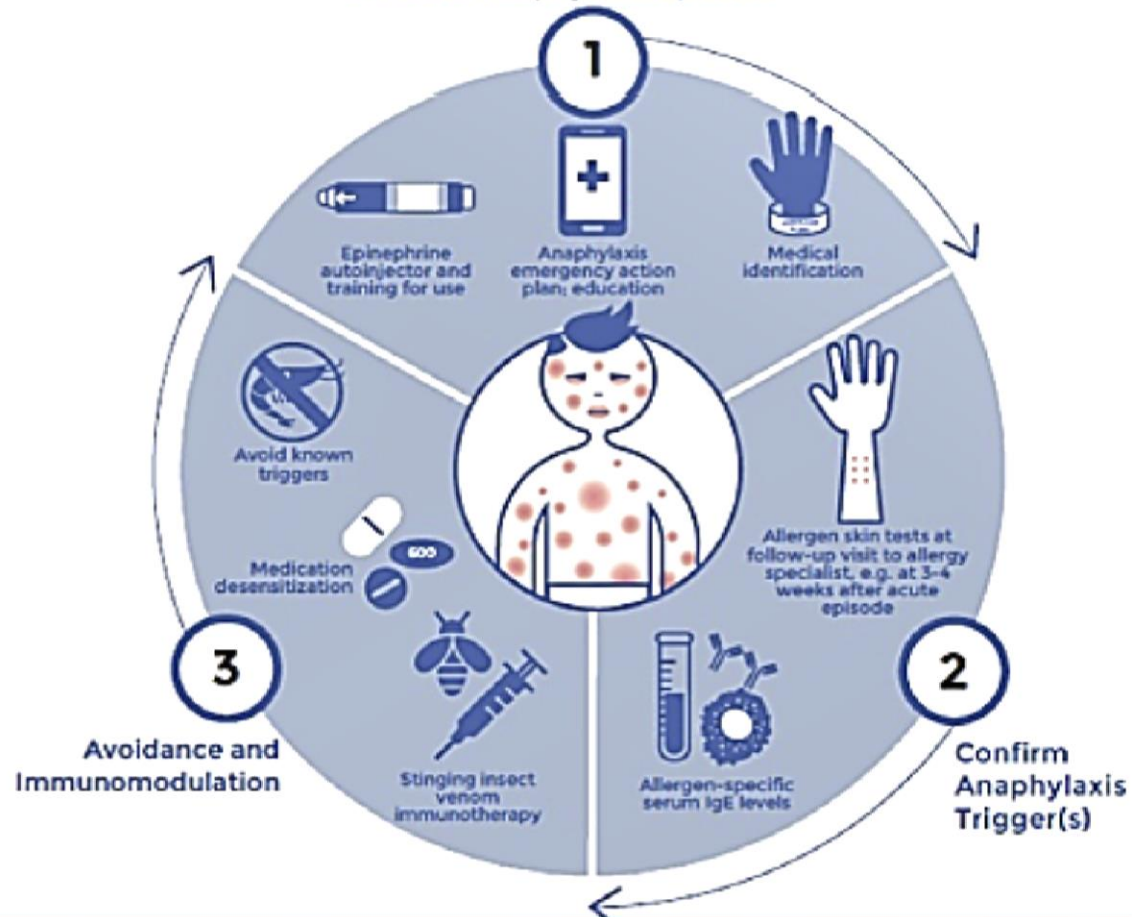
Prevent anaphylaxis recurrence in the community

To reduce avoidable death

Refer to allergist



Discharge Management Following an Acute Anaphylaxis Episode



Epinephrine

Non selective agonist of all adrenergic receptors

IM rather than SQ (talk on sublingual and intranasal)

IV not for first line (arrhythmia and MI) but for inadequate response

Maximum dose in adult 0.5mg

In children 0. 3mg

Check the expiration date of your epinephrine regularly.

Don't leave them in the car. They can get overheated or freeze.

Epinephrine

1/1000 or 1mg/cc in allergic reaction

1/10,000 or 1mg/ 10 cc

Dose 0.01mg/kg from dilution 1/1000 (1mg/1cc)



Its use remain suboptimal

The limited availability of epinephrine auto-injector remains a major problem in many countries

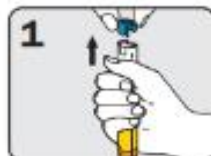




ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

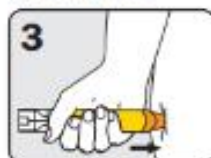
How to give EpiPen®



Form the fist around EpiPen® and
PULL OFF BLUE SAFETY RELEASE



Hold leg with and PLACE ORANGE
END against outer mid-thigh
(with or without clothing)



PUSH DOWN HARD until a click is
heard or felt and hold in place for
3 seconds
REMOVE EpiPen®

All EpiPen®s should be held in place
for 3 seconds regardless of instructions
on device label

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SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives
or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally
EpiPen® is prescribed for children over 20 kg and adults. EpiPen® Jr is prescribed for children 10-20 kg

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer

If someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Identification of triggers

Detailed history taking

Diagnostic tests

Allergist consultation



Immunologic mechanism (IgE & non- IgE dependent)



Foods

Milk

Egg

Wheat

Fish

Peanut, tree nuts,



Drugs

**Beta lactams, biologic agents,
NSAID**



Venom




RCM



Natural rubber latex

Seminal fluid





✿ **Idiopathic , no apparent trigger**

✿ **Non-immunologic :**
Physical factors
Ethanol
Medications such as vancomycin

Importantly, mast cell disorders should be also ruled out even when a trigger is found especially after venom



Diagnostic tests

Allergy skin test should be based on patient data and local data

The most frequent groups are food, venom and drugs

Food induced in children are : hens egg, cows milk , wheat and peanut

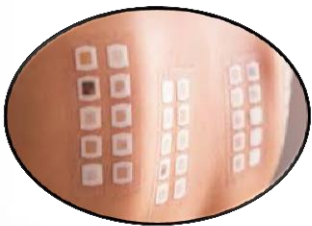
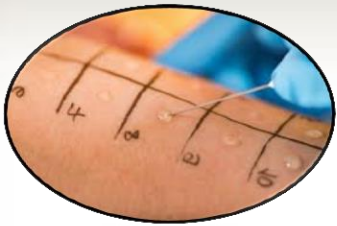
In adult : depending on the region, peanut and tree nut in Australia, North America

Shellfish in Asian countries

Peanut, tree nuts , wheat , shellfish and seeds in central Europe

Sesame in middle east

Buckwheat in Korea



Confirm the anaphylaxis trigger for allergen avoidance:

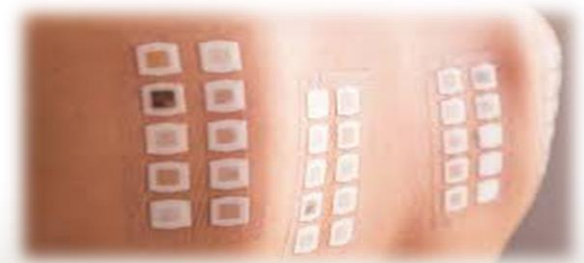
skin test

prick test

intradermal test

RAST

challenge test



Food allergy: ask about ingredients when eating food made by others.

**At a restaurant, tell your waiter about your food allergies.
Read all food labels for your allergen**

Call 911 right away if the guy have anaphylaxis symptoms



Drug induced anaphylaxis

Antibiotics

NSAID

Biologic agents

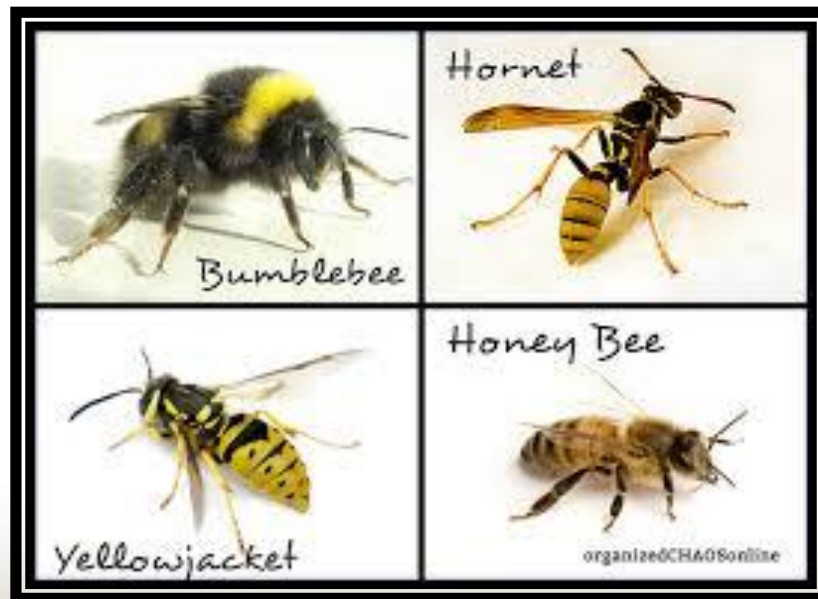
New chemotherapeutic drugs

Disinfectants like chlorhexidine

Drug ingredients like PEG



Type of venom is different in regions



Management of risk factors for fatality

Poorly controlled asthma

Cardiovascular diseases

Psychiatric disease (may impair recognition of symptoms)

Mastocytosis with and without symptoms

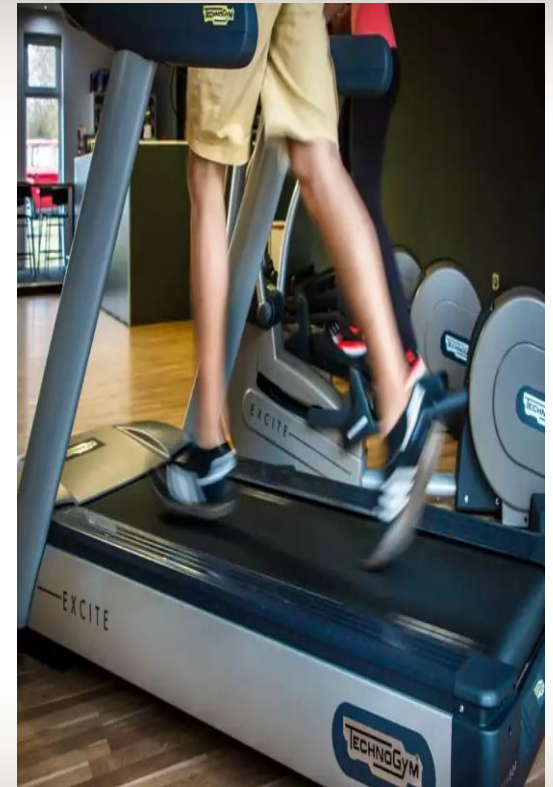
Emotional stress

Acute infection

Decreased defense

Recommendation to always carry a mobile phone especially in cases such as of exercise – induced anaphylaxis

Call 911 right away if your anaphylaxis symptoms return



May increase the severity of anaphylaxis

B-blockers

Angiotensin II receptor blockers

Strenuous exercise



Referred to an allergist for:

Prevention of recurrence

Avoidance

Desensitization or allergen immunotherapy

Medical identification alert such as bracelet or wallet card

Improved food labeling

Education on the use of self-injectable adrenaline

Fallow up and reassess for veracity of original cause of anaphylaxis

ورنج نباشد؛ چو تو هستی
همه هست...

سعدی