Anaphylaxis fact sheets for parents of children at risk of anaphylaxis
www.allergy.org.au
This **NEW** resource will assist you in providing your patients with helpful support information and links about:
- anaphylaxis and its management;
- GP care; and
- roles & responsibilities of the parent, childcare service, preschool and school.
It also includes helpful links to support for patients and carers.

Assisting your patients to be allergy safe when at school and child care
Parents require the assistance of a doctor to supply up to date information about their child’s diagnosed medical conditions, including allergies, to their child’s school or child care. WA public schools require doctor confirmed health care and management/emergency response plans:
- **Form 1** - student health care summary, and
- **Form 4** - severe allergy/anaphylaxis or
  **Form 5** - mild to moderate allergies inclusive of
  **Section D** - personal ASCIA Action Plans.
det.wa.edu.au/studentsupport/behaviourandwellbeing/detcms/navigation/wellbeing/student-health-care

Personal ASCIA Action Plans **NEW 2013 versions**:
- contain a list of the patient’s confirmed allergens;
- provide information on when and how to respond to
- mild-moderate and severe allergic reactions;
- are available for both EpiPen® and Anapen® adrenaline autoinjectors;
- can be renewed by GPs when providing continuing prescriptions; and
- can be completed online and printed from the ASCIA website at www.allergy.org.au or hard copies can be ordered from education@allergy.org.au.

Children with diagnosed risk of anaphylaxis require continuing PBS prescription for their adrenaline autoinjector (EpiPen® or Anapen®). When renewing prescriptions, it is important to check that the patient (and carers for children) know when and how to use the device and to keep it readily accessible at all times. Child care services’ condition of attendance includes parents providing medication to be held at the service for their child. Generally schools have the same policy.

---

Did you know …?
- Free online anaphylaxis training for health professionals is available from the ASCIA website and contains a **NEW** advanced acute care module ideal for GPs and nurses in rural and remote areas.
- Adrenaline is the **first line treatment** for anaphylaxis.
- Antihistamines have **no role** in the prevention or treatment of respiratory or cardiovascular symptoms of anaphylaxis.

---

Australian Resuscitation Council Anaphylaxis Guidelines www.resus.org.au
The Australian Resuscitation Council (ARC) anaphylaxis guidelines, were **updated** in July 2012, and are now consistent with ASCIA recommendations.
An important update concerns the positioning of the patient in anaphylaxis, as an upright position is a significant risk factor for fatal anaphylaxis. Anaphylaxis can induce hypotension and if the patient is placed in an upright position, empty ventricular syndrome can result. The recommendation is:

**“Lay victim flat, do not stand or walk, if breathing is difficult, allow to sit.”**

---

**Did you know …?**
- Free online anaphylaxis training for health professionals is available from the ASCIA website and contains a **NEW** advanced acute care module ideal for GPs and nurses in rural and remote areas.
- Adrenaline is the **first line treatment** for anaphylaxis.
- Antihistamines have **no role** in the prevention or treatment of respiratory or cardiovascular symptoms of anaphylaxis.
Anaphylaxis Update

Continuing medical education
★ Approved with ACRRM for 2 Core PDP points

An online anaphylaxis course for health professionals is freely available from the ASCIA website and includes a NEW advanced acute management module, developed for primary care providers including GPs, nurses, paediatricians and emergency department staff, particularly in rural and remote settings.

ASCIA currently has the following e-training courses for health professionals:
- Anaphylaxis
- Food allergy
- Allergic rhinitis
- Immunotherapy

Evidence based 'quick reference guides':
ASCIA Health Professional Information Papers

NEW Anaphylaxis
To assist primary health care physicians including general practitioners, paediatricians and nurses, in the management of patients with severe allergy (anaphylaxis).

NEW Nutritional Management of Food Allergy
To assist dietitians in the management of patients with IgE and non-IgE mediated food allergy.

Anaphylaxis emergency management guidelines for health professionals: wall chart
This ‘best practice’ wall chart is recommended to be on display in clinical areas where acute management is provided.

Differentiating between allergic reactions mild-moderate and severe (anaphylaxis)

Signs and symptoms of anaphylaxis
Watch for any one of the following:
- Difficult/noisy breathing;
- Swelling of tongue;
- Swelling/tightness in throat;
- Difficulty talking and/or hoarse voice;
- Wheeze or persistent cough;
- Persistent dizziness or collapse;
- Pale and floppy (young children); or
- For insect allergy – abdominal pain, vomiting.

Anaphylaxis may or may not be preceded by mild-moderate signs and symptoms such as angioedematous swelling of the lips/face/eyes, urticarial rash, hives or welts and tingling mouth and, in food allergy, abdominal pain or vomiting.

First line treatment for anaphylaxis:
IMI adrenaline into the lateral mid-thigh
Adrenaline works rapidly to reduce airway mucosal oedema, induce bronchodilation, induce vasoconstriction and increase the strength of cardiac contraction.

Antihistamines have no role in treating respiratory or cardiovascular symptoms of anaphylaxis.
- Oral non-sedating antihistamines may be given to treat itch and urticaria.
- Injectable promethazine should not be used in anaphylaxis as it can worsen hypotension and cause muscle necrosis.


The Anaphylaxis Model of Care for WA
Will be released in 2013 and draws upon local and international best-practice evidence to make strategic recommendations for the management of anaphylaxis in the future. For information contact the Infections and Immunology Health Network.

Adrenaline autoinjector facts

- Designed to administer a single fixed dose of adrenaline IM into the lateral mid-thigh. Can be administered through a single layer of clothing.
- Shelf life 12-18 months.
- Two brands are currently available in Australia, EpiPen® and Anapen®. These products have different administration techniques and therefore are **not** approved by the TGA as being equivalent.

**Prescription on PBS**

www.pbs.gov.au/medicine/item/8697R-8698T

- Initial PBS authority prescription is provided:
  - by or in consultation with the specialist that assessed the patient to have a significant risk of anaphylaxis; and
  - at discharge from hospital/ED following treatment for anaphylaxis with adrenaline.
- Continuing PBS authority prescriptions for adrenaline autoinjectors can be provided by a GP.
- Adrenaline autoinjectors are available on PBS authority prescription, maximum 2 autoinjectors per patient at any one time, no repeats can be issued. Renewal is required prior to the device’s expiry.
- If required, additional devices can be purchased at full price over the counter from a pharmacy.
- When prescribing adrenaline autoinjectors, it is important to educate the patient and carer (for children) about prevention and management of anaphylaxis and how to use the device.

**ASCIA Prescribing Guidelines** *(differs to the product information leaflet)*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Adrenaline Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &lt; 10kg (less than 1 year)</td>
<td>Not usually recommended</td>
</tr>
<tr>
<td>Children 10-20kg (approx aged 1-5 years)</td>
<td>0.15 mg (green label)</td>
</tr>
<tr>
<td>Adults or children over 20kg (approx aged &gt; 5 years)</td>
<td>0.30 mg (yellow label)</td>
</tr>
</tbody>
</table>

* For the full ASCIA prescribing guidelines www.allergy.org.au

**Availability - Schedule 3 Pharmacist only medicine**

<table>
<thead>
<tr>
<th>Service</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients personal therapeutic use</td>
<td>Over the counter (full price). PBS authority prescription (subsidised).</td>
</tr>
<tr>
<td>Schools &amp; Child Care to supply in first aid kit</td>
<td>Exempt from holding a permit. Over the counter or wholesale.</td>
</tr>
<tr>
<td>Organisations to supply in first aid kit</td>
<td>Permit required. Over the counter or wholesale.</td>
</tr>
</tbody>
</table>

**Further information**

- Australasian Society of Clinical Immunology and Allergy (ASCIA) www.allergy.org.au
- Health professional guidelines, resources, information for consumers and links.
- Allergy & Anaphylaxis Australia www.allergyfacts.org.au
- National patient support organisation. Information about managing allergies.
- Anaphylaxis information for consumers and management guidelines for schools and child care.
Anaphylaxis: Specialist Clinical Support in WA
Information for WA Health Professionals, June 2013

Contact 24 Hours On Call Clinical Immunologist or Immunology Registrar

**Emergency admissions IN ADVANCE:**
- Contact On Call Emergency Registrar
- Fax relevant medical information
- Send written information with patient

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Contact Number</th>
<th>Department</th>
<th>Fax Number</th>
<th>Referral Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princess Margaret Hospital for Children</td>
<td>08 9340 8222</td>
<td>Emergency Department</td>
<td>9388 7710</td>
<td>9224 2771</td>
</tr>
<tr>
<td>ROYAL PERTH HOSPITAL</td>
<td>08 9224 2244</td>
<td>Emergency Department</td>
<td>9224 2899</td>
<td>08 9346 4878</td>
</tr>
<tr>
<td>SIR CHARLES GAIRNDER HOSPITAL</td>
<td>08 9346 3333</td>
<td>Emergency Department</td>
<td>9346 3105</td>
<td>08 9346 4075</td>
</tr>
<tr>
<td>FREMANTLE HOSPITAL</td>
<td>08 9431 3333</td>
<td>Emergency Department</td>
<td>9346 3011</td>
<td>08 9341 2009</td>
</tr>
</tbody>
</table>

**Outpatient referral**
- Fax 08 9340 8362
- Fax 08 9224 1005
- Fax 08 9346 2620
- Fax 08 9431 3333

**Outpatient Clinics**
- Paediatric Allergy clinics: Morning Tue & Fri
  - Afternoon Mon, Tue
- General Immunology & Allergy clinics: Morning Wed
  - Afternoon Tue & Thurs
- General Immunology & Allergy clinics: Morning Tue, Wed & Thurs
  - Clinic area 5 Ph 9346 3105
- Anaesthetics
  - Allergy Clinic
  - Fax 9346 4375

**Coordinated care**
- Paediatric Allergy Specialist advice
  - Clinical Immunology
  - Ph 9340 8310
  - Fax 9380 6246
- Allergy Clinical Nurse Specialist
- Allergy Clinical Nurse Specialist
- Duty Anaesthetist patient advice 24 hours

**Services**
- Immunotherapy
  - insect venom allergy
- Immunotherapy
  - common allergens (e.g. house dust mite, grasses)
- Oral food challenge allergy testing
- Drug hypersensitivity
- Will be introduced in future

**Links**
- GP Handbook
- Clinical Immunology
- Clinical Services Directory
- GP Liaison 9346 3595
- Immunology and allergy service: GP Handbook