






Recognize and Respond to Anaphylaxis

For a suspected or active food allergy reaction

FOR ANY OF THE FOLLOWING **SEVERE SYMPTOMS**

-  **LUNG:** Short of breath, wheezing, repetitive cough
-  **HEART:** Pale, blue, faint, weak pulse, dizzy
-  **THROAT:** Tight, hoarse, trouble breathing/swallowing
-  **MOUTH:** Significant swelling of the tongue, lips
-  **SKIN:** Many hives over body, widespread redness
-  **GUT:** Repetitive vomiting, severe diarrhea
-  **OTHER:** Feeling something bad is about to happen, anxiety, confusion

OR MORE THAN ONE **MILD SYMPTOM**

-  **NOSE:** Itchy/runny nose, sneezing
-  **MOUTH:** Itchy mouth
-  **SKIN:** A few hives, mild itch
-  **GUT:** Mild nausea/discomfort

1 INJECT EPINEPHRINE IMMEDIATELY

2 Call 911
Request ambulance with epinephrine.

Consider Additional Meds

(After epinephrine):

- » Antihistamine
- » Inhaler (bronchodilator) if asthma

Positioning

Lay the person flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

Next Steps

- » If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- » Transport to and remain in ER for at least 4 hours because symptoms may return.

Do not depend on antihistamines. When in doubt, give epinephrine and call 911.

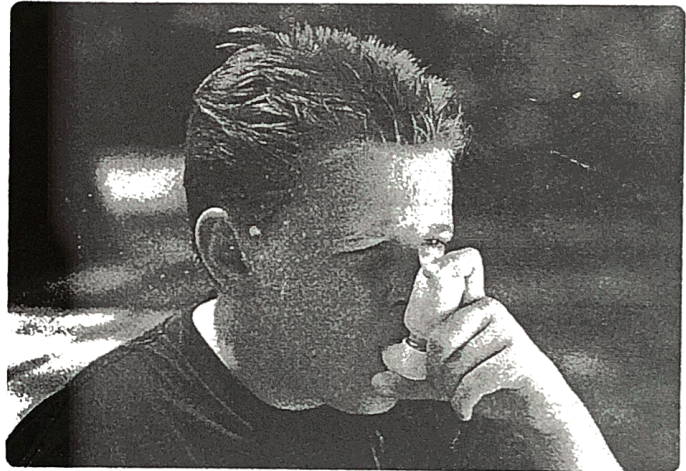
Signs and Symptoms of an Asthma Attack

Even when a person takes steps to manage his or her asthma by avoiding triggers and taking prescribed long-term control medications, he or she may still experience asthma attacks occasionally. Signs and symptoms of an asthma attack include:

- Wheezing or coughing.
- Rapid, shallow breathing (or trouble breathing).
- Sweating.
- Being unable to talk without stopping for a breath in between every few words.
- Feelings of tightness in the chest or being unable to get enough air into the lungs.
- Anxiety and fear.

First Aid Care for an Asthma Attack

An asthma attack can become life threatening because it affects the person's ability to breathe. If the person has an **asthma action plan** (a written plan that the person develops with his or her healthcare provider that details daily management of the condition as well as how to handle an asthma attack), help the person to follow that plan. Encourage the person to use his or her prescribed quick-relief (rescue) medication, assisting if needed and if state or local regulations allow. (Skill Sheet 5-1 provides step-by-step instructions for helping a person to use an asthma inhaler.) If you have not already done so, call 9-1-1 or the designated emergency number if the person's breathing does not improve after taking the quick-relief (rescue) medication or if the person becomes unresponsive. Stay with the person and monitor his or her condition until the person is able to breathe normally or help arrives.



Allergic Reactions and Anaphylaxis

Our immune systems help to keep us healthy by fighting off harmful pathogens that can cause disease. But sometimes our immune systems overreact and try to fight off ordinary things that are not usually harmful, like certain foods, grass or pet dander (tiny flakes of skin that animals shed). A person can have an allergy to almost anything. Common allergens (allergy triggers) include venomous insect stings, certain foods (like peanuts, tree nuts, shellfish, milk, eggs, soy and wheat), animal dander, plant pollen, certain medications (like penicillin and sulfa drugs) and latex.



Signs and Symptoms of Allergic Reactions and Anaphylaxis

An allergic reaction can range from mild to very severe. A person who is having a mild to moderate allergic reaction may develop a skin rash, a stuffy nose, or red, watery eyes. The skin or area of the body that came in contact with the allergen usually swells and turns red.

A person who is having a severe, life-threatening allergic reaction (called **anaphylaxis**) may develop one or more of the following signs and symptoms within seconds or minutes of coming into contact with the allergen:

- Trouble breathing
- Swelling of the face, neck, tongue or lips
- A feeling of tightness in the chest or throat
- Skin reactions (such as hives, itchiness or flushing)
- Stomach cramps, nausea, vomiting or diarrhea
- Dizziness
- Loss of consciousness
- Signs and symptoms of shock (such as excessive thirst; skin that feels cool or moist and looks pale or bluish; an altered level of consciousness; and a rapid, weak heartbeat)

To determine if a person is having a severe, life-threatening allergic reaction (anaphylaxis), look at the situation as well as the person's signs and symptoms (Table 5-1).

TABLE 5-1 How Do I Know If It Is Anaphylaxis?

Situation	Look For:
You do not know if the person has been exposed to an allergen.	<ul style="list-style-type: none"> ■ Any skin reaction (such as hives, itchiness or flushing) OR ■ Swelling of the face, neck, tongue or lips <p>PLUS</p> <ul style="list-style-type: none"> ■ Trouble breathing OR ■ Signs and symptoms of shock
You think the person may have been exposed to an allergen.	<p>Any TWO of the following:</p> <ul style="list-style-type: none"> ■ Any skin reaction ■ Swelling of the face, neck, tongue or lips ■ Trouble breathing ■ Signs and symptoms of shock ■ Nausea, vomiting, cramping or diarrhea
You know that the person has been exposed to an allergen.	<ul style="list-style-type: none"> ■ Trouble breathing <p>OR</p> <ul style="list-style-type: none"> ■ Signs and symptoms of shock

First Aid Care for Allergic Reactions and Anaphylaxis

If you know that the person has had a severe allergic reaction before, and the person is having trouble breathing or is showing signs and symptoms of anaphylaxis, have someone call 9-1-1 or the designated emergency number immediately. If the person carries medication (e.g., epinephrine) used for the emergency treatment of anaphylaxis, offer to help the person use the medication. If you are alone, help the person administer the medication and then call 9-1-1 or the designated emergency number. While you wait for help to arrive, make sure the person is sitting in a comfortable position, or have the person lie down if he or she is showing signs of shock.



Epinephrine

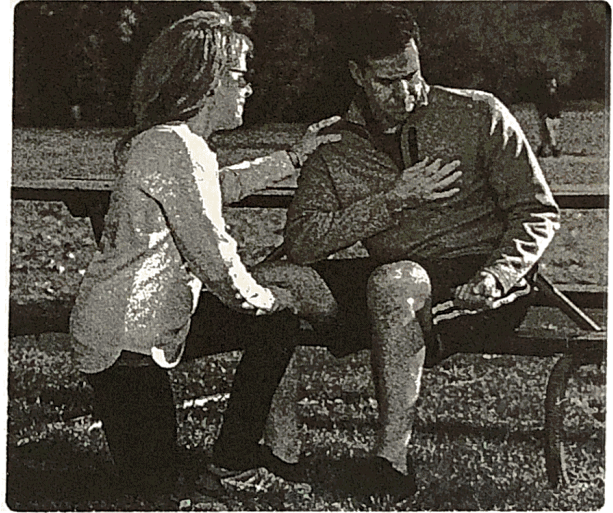
Epinephrine is a drug that slows or stops the effects of anaphylaxis. If a person is known to have an allergy that could lead to anaphylaxis, he or she may carry an **epinephrine auto injector** (a syringe system, available by prescription only, that contains a single dose of epinephrine). Devices are available containing different doses because the dose of epinephrine is based on weight (0.15 mg for children weighing between 33 and 66 pounds, and 0.3 mg for children and adults weighing more than 66 pounds). Many healthcare providers advise that people with a known history of anaphylaxis carry an anaphylaxis kit containing at least two doses of epinephrine (two auto injectors) with them at all times. This is because more than one dose may be needed to stop the anaphylactic reaction. Have the person administer a second dose only if emergency responders are delayed and the person is still having signs and symptoms of anaphylaxis 5 to 10 minutes after administering the first dose.

It is important to act fast when a person is having an anaphylactic reaction because difficulty breathing and shock are both life-threatening conditions. If the person is unable to self-administer the medication, you may need to help. You may assist a person with using an epinephrine auto injector when the person has a previous diagnosis of anaphylaxis and has been prescribed an epinephrine auto injector; the person is having signs and symptoms of anaphylaxis; the person requests your help using an auto injector; and your state laws



permit giving assistance. Where state and local laws allow, some organizations (such as schools) keep a stock epinephrine auto injector for designated staff members who have received the proper training to use in an anaphylaxis emergency. If you are using a stock epinephrine auto injector, follow your organization's emergency action plan, which may include verifying that the person is showing signs and symptoms of anaphylaxis, ensuring that the person has been prescribed epinephrine in the past, and making sure to use a device containing the correct dose based on the person's weight.

Different brands of epinephrine auto injectors are available, but all work in a similar fashion (and some have audio prompts to guide the user). The device is activated by pushing it against the mid-outer thigh. Once activated, the device injects the epinephrine into the thigh muscle. The device must be held in place for the recommended amount of time (5 to 10 seconds, depending on the device) to deliver the medication. Some medication may still remain in the auto injector even after the injection is complete. After removing the auto injector, massage the injection site for several seconds (or have the person massage the injection site). Handle the used device carefully to prevent accidental needlestick injuries. Place the device in a rigid container, and then give the container to EMS personnel for proper disposal. For step-by-step instructions on helping a person to use an epinephrine auto injector, see Skill Sheet 5-2.



Antihistamines

The person's healthcare provider may recommend that the person carry an antihistamine in his or her anaphylaxis kit, in addition to epinephrine. An **antihistamine** is a medication that counteracts the effects of histamine, a chemical released by the body during an allergic reaction. Antihistamines are supplied as pills, capsules or liquids and are taken by mouth. The person should take the antihistamine according to the medication label and his or her healthcare provider's instructions.

Diabetic Emergencies

Diabetes is a chronic condition characterized by the body's inability to process glucose (sugar) in the bloodstream. An organ called the pancreas secretes **insulin**, a hormone that causes glucose to be moved from the bloodstream into the cells, where it is used for energy. In a person with diabetes, either the pancreas fails to make enough insulin or the body's cells are unable to respond to insulin. Either situation causes glucose levels in the bloodstream to increase.

A person with diabetes may manage the condition with insulin injections or oral medications. Diet and exercise also play an important role. To keep blood glucose levels within an acceptable range, food intake, exercise and medication must be balanced. A person with diabetes must follow a well-balanced diet, with limited sweets and fats. The timing of meals and snacks relative to exercise and medication is important as well.



CONSCIOUS CHOKING

Cannot Cough, Speak, Cry or Breathe

After checking the scene for safety and the injured or ill person, have someone CALL 9-1-1 and get consent. For children and infants, get consent from the parent or guardian, if present.

1 GIVE 5 BACK BLOWS

■ Adult:



■ Child:



■ Infant:



2 GIVE 5 ABDOMINAL THRUSTS

■ Adult:



■ Child:



■ Infant: (chest thrusts for infant)



TIP: For infants, support the head and neck securely. Keep the head lower than the chest.

3 REPEAT STEPS 1 AND 2 UNTIL THE:

- Object is forced out
- Person can cough forcefully or breathe
- Person becomes unconscious

WHAT TO DO NEXT

- IF PERSON BECOMES UNCONSCIOUS—CALL 9-1-1, if not already done.
- Carefully lower the person to the ground (place infant on a firm, flat surface) and begin CPR (if trained), starting with compressions.



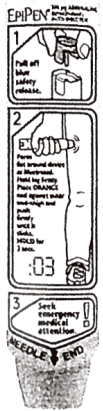
EpiPen® Auto-Injector

NEW ADMINISTRATION

Frequently asked questions



Should I need to use my EpiPen®, how long do I hold it in place?



Using the EpiPen® is now as simple as PULL, PUSH and HOLD for 3 seconds. Medsafe have approved a label change, reducing the injection time from 10 to 3 seconds. This means that after pushing the orange end into the outer mid-thigh, you now only need to hold the EpiPen® in place for 3 seconds, making it quicker to administer in an emergency. Watch [this video](#) for more information. It is important to note that the EpiPen® itself has not changed, just the label.

Why has the EpiPen® injection time changed to 3 seconds?

Reducing the EpiPen® injection hold time from 10 to 3 seconds is to improve patient safety. Holding the EpiPen® in place for 3 seconds is sufficient to ensure delivery of the medicine. This means that after pushing the orange end into the outer mid-thigh, you now only need to hold the EpiPen® in place for 3 seconds, making it quicker to administer in an emergency. Watch [this video](#) for more information.

What happens if I hold the EpiPen® in place for 10 seconds?

If you hold the EpiPen® in place for 10 seconds and not 3 seconds, it will not affect the way the EpiPen® (adrenaline) works. If held in place for 10 seconds, you are just holding the EpiPen® in the thigh for longer than it needs to be held before it is removed.

Should I massage the injection site after use?

No, there is no need to massage the injection site after use as this has been shown to reduce the risk of skin tissue irritation.

What happens if I massage the site after injecting the EpiPen®?

If you massage the site of injection for 10 seconds after administration, it will not affect the way the EpiPen® (adrenaline) works. There is no need to be concerned.

My EpiPen® has a label that says to hold the EpiPen® in place for 10 seconds. Do I have to get a new EpiPen®?

If you have an EpiPen® with a 10-second label, you do not need to get it replaced. EpiPen® Auto-Injectors only need to be replaced if they have been used, just before the expiry date or if they have already expired. All EpiPen® Auto-Injectors should now be held in place for 3 seconds, regardless of the instructions on the device label. Watch [this video](#) for more information.

My ASCIA Action Plan for Anaphylaxis says to hold the EpiPen® in place for 10 seconds and massage the injection site after use. How do I get a new ASCIA Action Plan with the new instructions?

You can [download](#) an updated ASCIA action plan here.

How can I inform my carers of these changes to the use of EpiPen®?

Please share [this video](#) with your family, friends, carers and colleagues which explains the changes on how to use the EpiPen®.

My EpiPen® Training Device has a label that says to hold the EpiPen® in place for 10 seconds, how do I get a new one?

There is no need to get a new EpiPen® Training Device as the EpiPen® itself has not changed. The only change is that it is held in place for 3 seconds instead of 10 seconds and the area is not massaged.

LIFE HAPPENS
Be Prepared.®

