

Anaphylaxis

Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

It is important to know the signs and symptoms of anaphylaxis

Symptoms of anaphylaxis are potentially life threatening and include 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 and/or collapse
- Pale and floppy (in young children)

In some cases, anaphylaxis is preceded by less dangerous allergic symptoms such as:

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

Several factors can influence the severity of an allergic reaction. These include exercise, heat, alcohol, and in food allergic people, the amount eaten and how it is prepared.

Identifying the cause of anaphylaxis is important

Your doctor will normally ask a series of questions that may help to narrow down the list of likely causes such as foods or medicines consumed that day, or exposure to insects. This approach will also help to exclude conditions that can sometimes be confused with anaphylaxis, such as fainting or an epileptic seizure. If allergy is suspected, this may be followed by allergy tests, usually a blood test for allergen specific IgE (formerly known as RAST tests) or skin prick testing, to help confirm or exclude potential triggers.

Information on allergy testing is available on the ASCIA website:

www.allergy.org.au/patients/allergy-testing/allergy-testing

It is important to note that some methods which claim to test for allergies (including cytotoxic food testing, Vega testing, kinesiology, allergy elimination techniques, iridology, pulse testing, Alcat testing, Rinkel's intradermal testing, reflexology, hair analysis and IgG food allergy testing) are not medically or scientifically proven methods to confirm allergy. Information about these tests is available on the ASCIA website:

www.allergy.org.au/patients/allergy-testing/unorthodox-testing-and-treatment

Effective management of anaphylaxis saves lives

If you are at risk of anaphylaxis, you will require ongoing management by your doctor. This should include:

- **Referral to a clinical immunology/allergy specialist***
- **Identification of the trigger/s of anaphylaxis** - This will include a comprehensive medical history and clinical examination followed by interpretation of allergy test results.

- **Education on avoidance of trigger/s** - This is particularly important with severe food allergy, as avoidance of the food is the only way to avoid an allergic reaction. Advice from an experienced allergy dietitian may also be required.
- **Provision of an ASCIA Action Plan for Anaphylaxis**** - ASCIA Action Plans provide guidance on when and how to use an adrenaline (epinephrine) autoinjector.
- **Regular follow up visits to a clinical immunology/allergy specialist.**

* Medical specialists providing clinical immunology and allergy services are listed on the ASCIA website: www.allergy.org.au/patients/allergy-and-clinical-immunology-services/how-to-locate-a-specialist

** ASCIA Action plans must be completed by a doctor and kept with the adrenaline autoinjector. ASCIA Action Plans for Anaphylaxis are available from the ASCIA website: www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

Adrenaline is the first line treatment for anaphylaxis

Adrenaline works rapidly to reverse the effects of anaphylaxis and is the first line treatment for anaphylaxis. Adrenaline autoinjectors (e.g. EpiPen) contain a single, fixed dose of adrenaline, and have been designed to be given by non-medical people, such as a friend, teacher, childcare worker, parent, passer-by or by the patient themselves (if they are not too unwell to do this).

An adrenaline autoinjector should only be prescribed as part of a comprehensive anaphylaxis management plan, which includes an ASCIA Action Plan for Anaphylaxis and education on how to reduce the risk of allergic reactions. If you or your child has been prescribed an adrenaline autoinjector, it is important that you learn and practice how to use it, using a trainer device every 3-4 months.

Further Information

For anaphylaxis resources (including ASCIA Action Plans, FAQs, ASCIA Travel Plans, adrenaline autoinjector information, training resources and guidelines) visit the ASCIA website: www.allergy.org.au/health-professionals/anaphylaxis-resources

Having anaphylaxis yourself or in the family can sometimes be challenging. The following patient organisations provide useful and supportive information:

- Allergy & Anaphylaxis Australia www.allergyfacts.org.au
- Allergy New Zealand www.allergy.org.nz

© ASCIA 2017

ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand

Website: www.allergy.org.au

Email: info@allergy.org.au

Postal address: PO Box 450 Balgowlah NSW Australia 2093

Disclaimer

This document has been developed and peer reviewed by ASCIA members and is based on expert opinion and the available published literature at the time of review. Information contained in this document is not intended to replace medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner. Development of this document is not funded by any commercial sources and is not influenced by commercial organisations.

Content updated 2017