

Anaphylaxis is the most severe form of allergic reaction and requires **urgent medical treatment**.

Symptom Definition:

- Any acute onset illness with typical skin features (urticarial rash or erythema/flushing, and/or angioedema), **PLUS** involvement of respiratory and/or cardiovascular and/or persistent severe gastrointestinal symptoms.

OR

- Any acute onset of hypotension or bronchospasm or upper airway obstruction where anaphylaxis is considered possible, even if typical skin features are not present. ALWAYS refer confirmed or suspected anaphylaxis for specialist assessment and targeted interventions E.g. desensitisation to insect venom (Immunotherapy).

Information Required

- Symptoms, severity and interval between exposure and reaction
- Suspected trigger (food, drug, venom, idiopathic)
- Current comorbidities and medications
- Confirm if EpiPen prescribed in conjunction with Anaphylaxis Action Plan.

Investigations Required

- for insect stings: specific IgE for culprit insect (honey bee, common wasp, paper wasp, jumper ant) baseline mast cell tryptase, for ages > 16yrs
- for drug allergy: please refer to specific guidelines for additional instructions (drug reactions)

Fax referrals to Allergy/Clinical Immunology Service

Flinders Medical Centre

Fax: 08 8204 7483

Red Flags should prompt SAAS transfer to **Emergency Department (ED)**.

- 🚩 Acute Anaphylaxis: treat with IM Adrenaline (Patient/GP) immediate SAAS transfer to ED for at least 4 hours observation, *due to risk of recurrence of Anaphylaxis*.
- 🚩 Anaphylaxis features
 - **Respiratory** - Difficult/noisy breathing, Swelling of tongue, Swelling/tightness in throat
Difficulty talking and/or hoarse voice, wheeze or persistent cough
 - **Cardiovascular**: Persistent dizziness or collapse, pale and floppy (young children)
Persistent abdominal pain, vomiting (signs of severe allergic reaction to drugs/ insects).

(NB!: Cutaneous features may be absent or transient in anaphylaxis)

Suggested GP Management - Non emergency

- **Phone** FMC Allergy/Clinical Immunology Registrar or Immunologist to gain PBS subsidised approval for initial Adrenaline Autoinjector (EpiPen®) 8204 5511
- Anaphylaxis Action Plan and Adrenaline autoinjector (EpiPen®) **AND**
- Anaphylaxis Management Plan www.allergy.org.au
- Medic alert; case note alert
- Psychological support: Alleviate alarm, assist in -communication to children's services and workplace.
- Ensure any asthma is well controlled.
- Educate on strict avoidance of allergen.

Clinical Resources

- Australasian Society of Clinical Immunology and Allergy (ASCIA) www.allergy.org.au
 - Anaphylaxis Action Plan
 - Anaphylaxis e learning for health professional.
 - Allergy & Anaphylaxis Australia www.allergyfacts.org.au

General Information to assist with referrals and the Referral templates for FMC are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1.0	September 2014	September 2016	Original
2.0	October 2018	October 2021	Medication Terminology Updated