

ANAPHYLAXIS- For follow-up assessment in the allergy clinic

Anaphylaxis Definition:

- Any acute onset illness with typical skin features (urticaria or pruritic erythema, angioedema) PLUS 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.

Fax referrals to Allergy/Clinical Immunology Service

Royal Adelaide Hospital

Fax: 08 7074 6241

Red Flags: Acute Anaphylaxis

Do NOT contact OPD or on-call immunologist

Call 000 or ambulance to transfer to Emergency Department First aid:

- Lay person flat if faint or dizzy, do NOT allow them to stand or walk
- Give adrenaline via autoinjector or ampoule if available
- Further adrenaline doses may be given if no response after 5 minutes

Suggested GP Management – Post-anaphylaxis

- Authorisation for PBS prescription of adrenaline autoinjector:
 - For Insect allergy, Food allergy (if not easily avoidable), Idiopathic (not usually for drug allergy)
 - Phone RAH Clinical Immunology/Allergy Registrar or Immunologist on call to request the use of an Immunologist name to authorize PBS prescriptionfor initial Adrenaline Autoinjector (EpiPen®) 7074 0000
- Anaphylaxis Action Plan/Management Plan <u>www.allergy.org.au</u>
- Psychological support: Alleviate alarm.
- Ensure any asthma is well controlled.
- Educate on strict avoidance of allergen.

General Information to assist with referrals and the referral templates for the RAH are available to download from the CALHN Outpatient Services website: <u>https://www.rah.sa.gov.au/health-professionals/outpatient-referrals</u>



Version	Date from	Date to	Amendment	Gove
1.0	July 2018	July 2022	Original	of Sout

• Serum tryptase taken between 30 minutes and 6 hours after onset of symptoms

Investigations Required

- Serum specific IgE for suspected allergen- honey bee, common wasp, paper wasp, jumper ant, food, drug (penicillin)
- baseline mast cell tryptase 24 hours after recovery

Clinical Resources

- Australasian Society of Clinical Immunology and Allergy (ASCIA) <u>www.allergy.org.au</u>
 - Anaphylaxis Action Plan
 - Anaphylaxis e learning for health professionals.

Allergy & Anaphylaxis Australia www.allergyfacts.org.au