Adrenaline (Epinephrine) Injectors for General Use

Adrenaline (epinephrine) injectors (e.g. EpiPen® or Anapen®) are approved for use in Australia and New Zealand for the emergency treatment of anaphylaxis, the most severe form of allergic reaction.

ASCIA cannot dictate policy regarding the use of adrenaline injectors for general use that are not prescribed for an individual. Advice from the local education and/or health authorities should be sought regarding authorisation to include adrenaline injectors for general use in first aid kits, and whether these can be administered in an emergency.

Having an adrenaline injector for general use (e.g. in first aid kits) should be considered as being additional to the prescribed adrenaline injectors for individuals. They should NOT be a substitute for individuals at high risk of anaphylaxis having their own prescribed adrenaline injector/s.

Adrenaline injectors for general use are most likely to be used when:

- An individual who is known to be at risk of anaphylaxis does not have their own device immediately accessible, or the device is out of date.
- A second dose of adrenaline is required before an ambulance has arrived.
- An individual's device has misfired or accidentally been discharged.
- A previously diagnosed individual with mild allergy who was not prescribed an adrenaline injector has their first episode of anaphylaxis.
- An undiagnosed individual is having their first episode of anaphylaxis, and was not previously known to be at risk (e.g. a child having their first reaction at school). This is dependent on (a) local policies that allow administration under those circumstances, and (b) education of caregivers about the recognition of anaphylaxis and training in adrenaline injector administration.

Using another person's adrenaline injector device

ASCIA does not have published information or guidelines on using another person's adrenaline injector in an anaphylaxis emergency. It is unlikely that these can be developed whilst there is still inconsistency in the regulations regarding giving non-prescribed adrenaline injectors in Australia and New Zealand.

The following is general advice, not an official ASCIA Guideline:

- If another individual's adrenaline injector is used in an anaphylaxis emergency, when there is no adrenaline injector for general use available, it would be essential that the device is immediately replaced by the institution, purchasing the same brand of adrenaline injector at a local pharmacy.
- If the individual whose adrenaline injector has been used has anaphylaxis before their adrenaline injector is replaced, they should be taken immediately to hospital by ambulance. If the individual is not insured for the ambulance cost, this expense should be covered by the institution.

Availability

- Adrenaline injectors are available from pharmacies without a prescription at full price.
- In Australia, the Pharmaceutical Benefits Scheme (PBS) listing for adrenaline injectors allows for authority prescriptions of a maximum quantity of two adrenaline injectors (EpiPen® or Anapen®) for children or adults (no repeats). They are available at a subsidised cost when prescribed by doctors for individuals considered to be at high risk of anaphylaxis.
- In New Zealand, adrenaline injectors are not currently subsidised by Pharmac.
• All adrenaline injectors, whether they are prescribed or for general use, can only be used once and should be replaced by the expiry date, or immediately after they are used.

Administration

• It is reasonable for a person without specific first aid training in anaphylaxis to administer an adrenaline injector in an emergency if there is no other person nearby who has had basic training in the use of an adrenaline injector.

• The person administering first aid should have reasonable grounds for believing that the individual is having an acute allergic reaction. Symptoms and signs of anaphylaxis are shown on the ASCIA Action Plan for Anaphylaxis (general), which should be stored with an adrenaline injector for general use.

• Instructions for giving an adrenaline injector are shown on the barrel of the device, package insert and the device specific ASCIA Action Plan for Anaphylaxis.

• If a person is in doubt, an adrenaline injector should be given, as outlined on the ASCIA Action Plan for Anaphylaxis.

Precautions

• An adrenaline injector should be administered into the outer mid-thigh, as shown in the diagrams on the barrel of the device, the package insert, and the ASCIA Action Plan for Anaphylaxis.

• An ambulance should be called immediately after giving an adrenaline injector to take the individual to hospital, so they can remain under medical observation until symptoms have resolved.

• A copy of the device specific ASCIA Action Plan for Anaphylaxis (general) should always be kept with an adrenaline injector for general use, and in the first aid kit if that is where it is stored.

• There are no absolute contraindications (factors which make it unwise to give treatment) for use of an adrenaline injector in an individual who is experiencing anaphylaxis.

• Transient (temporary) side effects of adrenaline such as increased heart rate, trembling and paleness are to be expected.

• There are no published reports of death or serious injury resulting from use of adrenaline injectors.

• No serious or permanent harm is likely to occur from mistakenly administering adrenaline, using an adrenaline injector, to an individual who is not experiencing anaphylaxis.

Further Information

Further information is available on the ASCIA website www.allergy.org.au/anaphylaxis

Patient information and support is available from the following national patient support groups for Australia and New Zealand:

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

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