



## Anaphylaxis Checklist for Prescribers of Adrenaline (Epinephrine) Injectors

The aim of this checklist is to assist doctors and nurse practitioners who prescribe adrenaline injectors for patients who are at risk of having a severe allergic reaction (anaphylaxis).

**There are two brands of adrenaline injectors, EpiPen® and Anapen®:**

- **EpiPen® (300 mcg) and EpiPen® Jr (150 mcg)** are available in Australia on the PBS and New Zealand (Pharmac listed since 1 February 2023).
- **Anapen® 500, Anapen® 300 and Anapen® 150** are available in Australia on the PBS.

**Adrenaline injectors are prescribed as follows:**

- 150 mcg devices for children weighing 7.5 to 20kg.
- 300 mcg devices for children weighing over 20kg and adults, including pregnant women.
- 500 mcg or 300 mcg devices for children weighing over 50kg and adults, including pregnant women.
- Record history of the allergic reaction and suspected triggers** using the [ASCIA event record form](#)
- Prescribe adrenaline injectors and check that the dose is appropriate (see above).** A specialist referral is not required for dose adjustment.
- Check that the prescription is for two devices**, which are rebated by the PBS in Australia and Pharmac in New Zealand.
- For newly diagnosed patients** contact a specialist (allergy, respiratory, paediatrician), if necessary, for authority prescription, pending specialist appointment and **inform patient/carer about patient and carer support organisations**, [Allergy & Anaphylaxis Australia](#) or [Allergy New Zealand](#)
- Ensure that the patient has been referred to a clinical immunology/allergy specialist**, who is listed on the [ASCIA website](#).
- Complete and sign ASCIA Action Plan for Anaphylaxis (RED)** - the latest versions are on the [ASCIA website](#)
- Complete [ASCIA Travel Plan](#)** if required.
- Inform patient that they should always carry their adrenaline injector/s and ASCIA Action Plan.**
- Ensure the patient/carer understands that that adrenaline is the first line treatment for anaphylaxis** and that antihistamines should not be used for the treatment for anaphylaxis. If antihistamines are used to treat mild to moderate allergic reactions, only non-sedating antihistamines should be used.
- Educate patient/carer** on how to give the adrenaline injector (using trainer devices), recognition and treatment of allergic reactions, carrying and storage of the adrenaline injector and appropriate allergen avoidance measures. For information go to [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)
- If patient has asthma**, review and optimise asthma management and educate about asthma and anaphylaxis. [www.allergy.org.au/patients/asthma-and-allergy/asthma-and-anaphylaxis](http://www.allergy.org.au/patients/asthma-and-allergy/asthma-and-anaphylaxis)
- Inform patient/carer to check and note the expiry date of their injector/s.**
- Encourage an appointment every 12 to 18 months**, to prescribe new adrenaline injector/s before they expire, to review if new allergies have developed or more severe allergic reactions have occurred, and to renew the patient's ASCIA Action Plan for Anaphylaxis.

For adrenaline injector supply updates check [www.allergy.org.au/members/adrenaline-injector-availability](http://www.allergy.org.au/members/adrenaline-injector-availability)

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