

Guidelines for EpiPen[®] Prescription

1. RECOMMENDED

History of anaphylaxis* (if patient is considered to be at continuing risk)

2. MAY BE RECOMMENDED

History of a generalised* allergic reaction with one or more of the following factors:

- **Asthma** - concurrent or past history
- **Age** - Adolescents and young adults have a greater risk of fatal food anaphylaxis. The majority of recorded fatal reactions to foods (~90%) occur in children over the age of 5 years.
- Adults have a greater risk of fatal stinging insect anaphylaxis than children.
- **Specific allergic triggers**
Nut allergy (to peanuts or other nuts) - Most deaths from food anaphylaxis occur from nuts. Generalised allergic reactions can be triggered by exposure to trace or small amounts of nuts, which can be difficult to avoid. Subsequent allergic reactions to nuts may be unpredictable.
Stinging insect allergy (Bees, wasps, Jumper ants) in adults
- **Co-morbid conditions** - Ischaemic heart disease
- **Limited access to emergency medical care** - In remote locations early administration of adrenaline may not be possible unless an EpiPen is available.

These factors should be considered when deciding whether an EpiPen is prescribed, as they are known risk factors for more severe or fatal reactions.

3. NOT NORMALLY RECOMMENDED

- **Asthma** - in patients with asthma without anaphylaxis or generalised allergic reactions
- **Elevated specific IgE only (positive RAST and/or skin test)** without a history of clinical reactions - Positive test results alone do not necessarily mean there is allergic disease. These patients may be referred to an allergy specialist for assessment of their risk of allergy and anaphylaxis. This may include further investigations such as challenge testing.
- **Family (rather than personal) history of anaphylaxis or allergy**
Whilst the risk for allergic disease is inherited, anaphylaxis is not inherited.
- **Local reactions to insect stings in adults and children**
- **Generalised skin rash (only) to bee or wasp stings in children**
Prospective follow-up studies of subsequent bee stings in children presenting with local reactions or generalised skin rash (only) show that these children are at a very low risk of experiencing anaphylaxis with subsequent stings.
- **Resolved food allergy**

EPIPEN JR vs EPIPEN PRESCRIPTION**

- EpiPen Jr and EpiPen are not usually recommended for children less than 10kg
- EpiPen Jr recommended for children between 10 and 20kg
- EpiPen recommended for adults and children over 20kg

* Refer to definitions on page 2

** These are based on expert opinion which is at variance with the approved product information

IMPORTANT: An EpiPen should only be prescribed within the context of a comprehensive ANAPHYLAXIS MANAGEMENT PLAN (see page 2).

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ANAPHYLAXIS MANAGEMENT PLAN

An EpiPen should only be prescribed within the context of a comprehensive anaphylaxis management plan that includes the following;

- **REFERRAL TO AN ALLERGY SPECIALIST**
- **IDENTIFICATION OF THE ANAPHYLACTIC TRIGGER(S)**
This should include a comprehensive history, clinical examination, appropriate use and interpretation of allergy testing.
- **EDUCATION ON THE AVOIDANCE OF TRIGGER(S)**
This is particularly important with food anaphylaxis.
- **PROVISION OF AN ANAPHYLAXIS ACTION PLAN**
This should document the following;
 - Name of child/adult
 - Allergic triggers
 - Carer contact details
 - Symptoms and signs indicating when to use the EpiPen
 - Instructions on how to use the EpiPen.

Anaphylaxis action plans for EpiPen use can also be located at www.allergy.org.au

- **APPROPRIATE FOLLOW-UP**
Review by an allergy specialist should occur to;
 - Ascertain if the correct trigger(s) have been identified
 - Determine whether the allergy persists
 - Provide re-education on EpiPen use
 - Renew action plan
 - Ensure the EpiPen has not expired.

DEFINITIONS

1 ANAPHYLAXIS

Anaphylaxis is a rapidly evolving generalised multi-system allergic reaction characterized by one or more symptoms or signs of respiratory and/or cardiovascular involvement and involvement of other systems such as the skin and/or the gastrointestinal tract. Symptoms/signs of respiratory/cardiovascular involvement are:

Respiratory:

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough

Cardiovascular:

- Loss of consciousness
- Collapse
- Pale and floppy (in young children)
- Hypotension

2 GENERALISED ALLERGIC REACTION

A generalised allergic reaction is characterized by one or more symptoms or signs of skin and/or gastrointestinal tract involvement without respiratory and/or cardiovascular involvement.

Skin:

- Generalised pruritus
- Urticaria / Angioedema
- Erythema

Gastrointestinal:

- Abdominal pain
- Vomiting
- Loose stools

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These guidelines were developed by the ASCIA Anaphylaxis Working Party. The guidelines and membership of the working party are available on the ASCIA website www.allergy.org.au

ASCIA is the peak professional body of clinical immunologists and allergy specialists in Australia and New Zealand.