

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).

- Record history of the allergic reaction and suspected triggers using the ASCIA event record form.** www.allergy.org.au/hp/anaphylaxis/anaphylaxis-event-record
- Prescribe initial adrenaline injector for newly diagnosed patients** and contact a specialist (allergy, respiratory, paediatrician), if necessary, for authority prescription, pending specialist appointment. www.allergy.org.au/hp/anaphylaxis/adrenaline-injector-prescription
- Inform patient/carer about patient support organisations, especially for newly diagnosed patients.** Allergy & Anaphylaxis Australia www.allergyfacts.org.au or Allergy New Zealand www.allergy.org.nz
- Ensure that the patient has been referred to a clinical immunology/allergy specialist**, who is listed on the ASCIA website. www.allergy.org.au/patients/locate-a-specialist
- For newly diagnosed patients or patients with adrenaline injector/s that are due to expire or have been used, prescribe device/s and check that the dose is appropriate for the patient's weight:** 150 microgram devices for children weighing 7.5 to 20kg and 300 microgram devices for children weighing over 20kg and adults, including pregnant women. Two devices for children or adults are rebated by the PBS in Australia. No devices are currently rebated by Pharmac in New Zealand.
- Complete and sign ASCIA Action Plan for Anaphylaxis (RED).** The latest version is on the ASCIA website www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis
- Complete ASCIA Travel Plan** if required www.allergy.org.au/hp/anaphylaxis/ascia-travel-plan-anaphylaxis
- 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
- 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
- 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

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