

# ANAPHYLAXIS = KILLER ALLERGY

## Key messages in anaphylaxis education

*for individuals at risk and their caregivers, and for the general public*

### **Who is at risk?**

Anyone, especially those allergic to foods such as peanut, tree nut, seafood, fin fish, milk, or egg, or to insect stings or bites, natural rubber latex, or medications.

### **When can it happen?**

Within minutes, anytime the allergic person comes in contact with his or her trigger.

### **How do we know?**

Several symptoms occur at the same time, such as: itching, hives, flushing, difficulty breathing, vomiting, diarrhea, dizziness, confusion, or shock.

### **Where can it happen?**

Anywhere; for example, home, restaurant, school, child care or sports facility, summer camp, car, bus, airplane.

### **What should we do?**

Inject epinephrine, call 911 or your local emergency medical services number, and notify the individual's family (in that order)! Act quickly. Anaphylaxis can be mild, or it can be fatal.

### **Why is follow-up needed?**

Anaphylaxis can occur repeatedly. The trigger needs to be confirmed, and long-term preventive strategies need to be implemented.

*Web sites that provide accurate information about anaphylaxis include:*

American Academy of Allergy, Asthma, and Immunology ([www.aaaai.org](http://www.aaaai.org))

Food Allergy and Anaphylaxis Network ([www.foodallergy.org](http://www.foodallergy.org))

American Latex Allergy Association ([www.latexallergyresources.org](http://www.latexallergyresources.org))

Reference: Simons FER. Anaphylaxis, killer allergy: long-term management in the community. *Journal of Allergy and Clinical Immunology* 2006; 117: 367-377.



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