

# Treatment of Anaphylaxis

## Preparedness and Prevention

*Any delay in the recognition of the initial signs and symptoms of anaphylaxis can result in a fatal outcome either because of airway obstruction or vascular collapse.*



## Allergy & Asthma Resources for Professionals

### Prevention:

- School personnel should be informed about a student's history of anaphylaxis and the specific food (or foods) to which the child is allergic.
- An allergen-free environment should be constructed for the child at mealtime to prevent accidental ingestion such as might occur with shared food.
- There should be a written response plan available that can be initiated immediately if a reaction occurs.

### Preparedness:

#### *Medication storage*

- Medications should be stored in an easily accessible location. *The best place to keep medications is with the student.*
- Store medications at room temperature. Extremes in temperature may affect the medication's effectiveness.
- Check expiration dates regularly. Replace the epinephrine if it is out of date or discolored.

#### *Recognition*

- Are history and physical findings compatible with anaphylaxis?
- Are there cutaneous manifestations, specifically pruritus, flush, urticaria and angioedema?
- Is there any sign of airway obstruction involving either the upper airway or the lower airway?
- Are there gastrointestinal symptoms (ie, nausea, vomiting or diarrhea)?
- Are syncope or presyncopal symptoms present?

#### *Procedure*

- Administer autoinjectable epinephrine and other medications per doctor's instructions.
- Call 911 (even if symptoms abate). Tell the dispatcher that the individual is experiencing an anaphylactic reaction and may need epinephrine (if not given already).
- Call parents.

## Medications

**Epinephrine:** Epinephrine is the **only** medication that can reverse severe anaphylactic symptoms. It is available by prescription.

- The child's physician should provide guidance for when and how much epinephrine to use if a reaction occurs. The effects of epinephrine may abate after 15 to 20 minutes.
- All children who require epinephrine should be seen in the emergency room.

**Antihistamines:** Antihistamines, such as Benadryl, are often used to further improve the recovery of a person with anaphylaxis.

- Antihistamines may be administered with epinephrine but **never** instead of epinephrine because they cannot reverse many of the symptoms of anaphylaxis, such as a drop in blood pressure.

**Asthma medications:** Asthma medications, such as bronchodilators, should never be given in place of epinephrine to treat an anaphylactic reaction, although they may be helpful for asthma symptoms in **addition** to epinephrine.

**Steroids:** Steroids are often given in an attempt to protect against the "late" reaction that can occur several hours after the allergic reaction.

- For some patients, particularly those with asthma, this late reaction could be even more severe than the initial reaction.

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