

Anaphylaxis Discharge Proforma

Please attach addressograph

Patient name: _____

Date of birth: _____

Hospital number: _____

Address: _____

Date: _____

Consultant: _____

Suspected allergen: _____

Reaction (please tick all applicable symptoms):

Localised symptoms only	Systemic Reaction			
	Grade 1	Grade 2	Grade 3	Grade 4
At least one of: <input type="checkbox"/> Localised urticaria <input type="checkbox"/> Localised angioedema <input type="checkbox"/> Itchy mouth <input type="checkbox"/> Mild nausea	At least one of: <input type="checkbox"/> Generalised urticaria or skin flushing <input type="checkbox"/> Widespread angioedema <input type="checkbox"/> Rhinitis <input type="checkbox"/> Itchy eyes <input type="checkbox"/> GUT: nausea, up to 1 vomit	At least one of: <input type="checkbox"/> Respiratory: mild wheeze, SOB responsive to Ventolin <input type="checkbox"/> Gut symptoms: <u>persistent</u> vomiting, or <u>persistent</u> abdominal pain	At least one of: <input type="checkbox"/> Stridor, swollen throat <u>with</u> respiratory symptoms <input type="checkbox"/> Respiratory: wheeze / SOB <u>NOT</u> responsive to Ventolin	At least one of: <input type="checkbox"/> Respiratory failure with or without loss of consciousness <input type="checkbox"/> Cardiovascular: low BP/ shock or collapse

Discharged with (please circle):

1. Antihistamine Yes No

Which **one** was prescribed Chlorphenamine (under 2 years)

Cetirizine (over 2 years)

Dose prescribed (see reference table in appendix) _____

2. Adrenaline auto-injector – **PLEASE SUPPLY 2 DEVICES** Yes No

Which **brand** was prescribed Epipen Jext Emerade

Dose prescribed 0.15mg (under 25kg) 0.3mg (over 25kg)

3. Prednisolone Yes No

Dose prescribed (see reference table in appendix) _____

Before discharge the following was explained and written information provided:

Recognising & managing an allergic reaction:

	Yes	No
• BSACI (available from www.bsaci.org) or local allergy action plan issued	<input type="checkbox"/>	<input type="checkbox"/>
• Discussed signs and symptoms of mild and severe reactions	<input type="checkbox"/>	<input type="checkbox"/>
• Explained what to do if a reaction occurs	<input type="checkbox"/>	<input type="checkbox"/>
• Explained possibility of biphasic reactions	<input type="checkbox"/>	<input type="checkbox"/>
• Provided information on the use of antihistamine (dose/ indications)	<input type="checkbox"/>	<input type="checkbox"/>

Using the adrenaline auto-injector (AAI):

• Demonstration of correct use of AAI	<input type="checkbox"/>	<input type="checkbox"/>
• Trainer auto-injector pen provided	Issued / Not available	
• Shown how to check expiry/colour of AAI	<input type="checkbox"/>	<input type="checkbox"/>

Avoidance of trigger:

• Advice about avoiding suspect trigger	<input type="checkbox"/>	<input type="checkbox"/>
• Issue information leaflet ' <i>Food labelling & 'May Contain' Products</i> ' (see appendix)	<input type="checkbox"/>	<input type="checkbox"/>

Follow-up and advice:

• Inform the family they will be referred to the paediatric allergy service	<input type="checkbox"/>	<input type="checkbox"/>
• Provide information on how to contact the allergy service for advice	<input type="checkbox"/>	<input type="checkbox"/>
• Issue information leaflet ' <i>Useful Allergy Information Resources</i> ' (see appendix)	<input type="checkbox"/>	<input type="checkbox"/>
• Advised to see GP to obtain second allergy first aid kit.	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ENSURE THIS IS DOCUMENTED ON THE DISCHARGE LETTER

Discharge advice given by: _____ Signed : _____

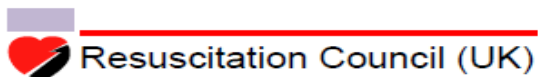
Job title: _____

Appendix

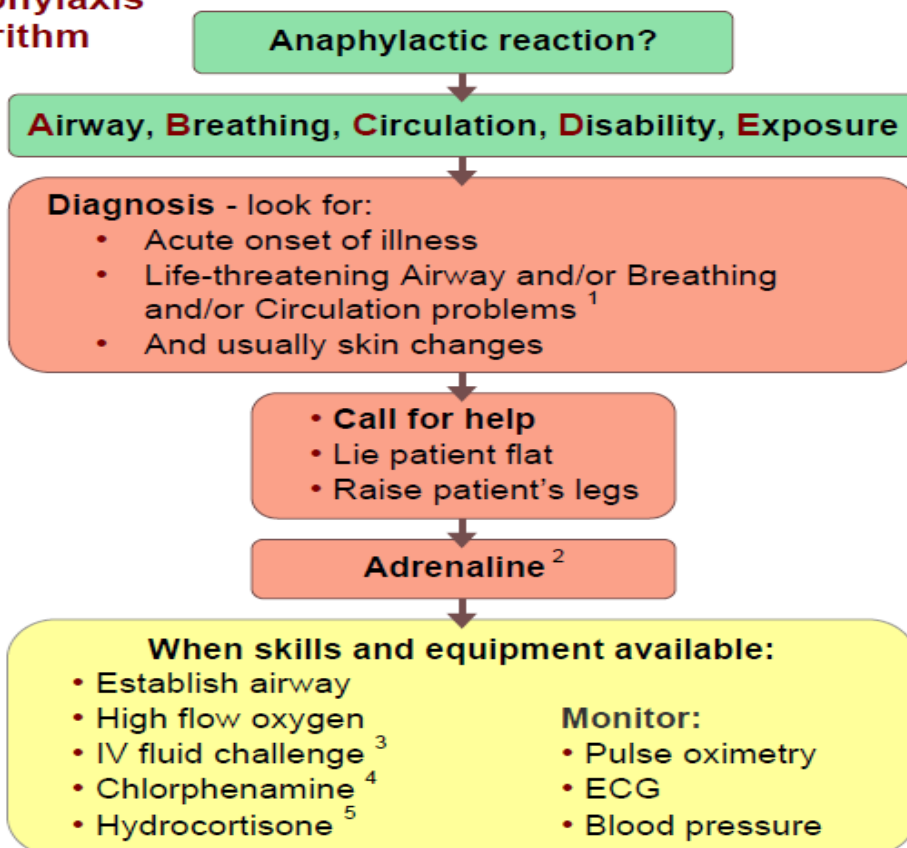
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Resus Council UK Anaphylaxis Algorithm 2015



Anaphylaxis algorithm



1 Life-threatening problems:

Airway: swelling, hoarseness, stridor
Breathing: rapid breathing, wheeze, fatigue, cyanosis, SpO₂ < 92%, confusion
Circulation: pale, clammy, low blood pressure, faintness, drowsy/coma

2 Adrenaline (give IM unless experienced with IV adrenaline)

IM doses of 1:1000 adrenaline (repeat after 5 min if no better)

- Adult 500 micrograms IM (0.5 mL)
- Child more than 12 years: 500 micrograms IM (0.5 mL)
- Child 6 -12 years: 300 micrograms IM (0.3 mL)
- Child less than 6 years: 150 micrograms IM (0.15 mL)

Adrenaline IV to be given **only by experienced specialists**
 Titrate: Adults 50 micrograms; Children 1 microgram/kg

3 IV fluid challenge:

Adult - 500 – 1000 mL
 Child - crystalloid 20 mL/kg

Stop IV colloid if this might be the cause of anaphylaxis

4 Chlorphenamine (IM or slow IV)

Adult or child more than 12 years 10 mg
 Child 6 - 12 years 5 mg
 Child 6 months to 6 years 2.5 mg
 Child less than 6 months 250 micrograms/kg

5 Hydrocortisone (IM or slow IV)

200 mg
 100 mg
 50 mg
 25 mg

Guidance for Allergy Prescriptions

Antihistamines

Please prescribe all patients with allergies either Cetirizine or Chlorphenamine.

Chlorphenamine:

1-23 months	1mg twice daily
2-5 years	1mg every 4-6 hours; maximum 6mg per day
6-11 years	2mg every 4-6 hours; maximum 12mg per day
12 years onwards	4mg every 4-6 hours; maximum 24mg per day

Cetirizine:

1-2 years	250micrograms/kg twice daily
2-5 years	2.5mg twice daily
6-11 years	5mg twice daily
12 years onwards	10mg daily

Adrenaline Auto-injectors

Adrenaline auto-injectors are produced by 3 different companies:

- Epipen - produces 0.15mg and 0.3mg devices
- Jext - produces 0.15mg and 0.3mg devices
- Emerade - produces 0.15mg, 0.3mg and 0.5mg devices

Doses are based on patient weight:

If under 25kg	0.15mg device
If over 25kg	0.3mg device

0.5mg devices are reserved for patients who:

- Are over 50kg
- Are obese
- Have failed to respond to 0.3mg devices

PLEASE SUPPLY 2 DEVICES AT DISCHARGE

Prednisolone

Please prescribe prednisolone to reduce the risk of biphasic reaction in patients who:

- Required adrenaline
- Presented with anaphylaxis
- Had severe angioedema
- Had wheeze

Doses are the same as the BTS asthma dose:

Under 5 years 20mg daily for 3 days

Over 5 years 30-40mg daily for 3 days

What is a biphasic reaction?

Anaphylaxis can occur as an uniphasic or biphasic reaction, with biphasic reactions occurring in up to 20% of anaphylactic reactions. The second phase usually occurs within 4-12 hours of the initial symptoms or signs and may be more severe.

Steroids are commonly used in anaphylaxis and are thought to possibly prevent protracted anaphylaxis symptoms, particularly in patients with asthma. They may also reduce the severity of, or prevent the occurrence of biphasic reactions.

Food Labelling and ‘May Contain’ Products

You have been given this information sheet because your child has been diagnosed with a food allergy. This leaflet outlines food labelling laws in the UK and describes the meaning of ‘may contain traces’ food labelling.

Common allergens that require labelling by law

All pre-packaged food made with common food allergens must be clearly labelled with the name of the allergen in the ingredients list. This ONLY applies for the common allergens listed below.

Milk	Sesame
Egg	Shellfish – scampi, prawns
Peanut*	Fish
Nuts**	Molluscs
Soya	Mustard
Celery	Sulphites
Cereals containing gluten (wheat, rye, barley)	Lupin

*Peanuts must be called peanuts – other names for peanut should not be used.

**Food that contains tree nuts such as almonds, hazelnuts, walnuts, cashews, pecans, brazil nuts, pistachios, macadamia nuts must be listed on the ingredient list. Pine nuts (a seed), coconut (a palm) and chestnuts (a tree nut) are not under the same regulation and do not have to be listed.

Please check product labels carefully. If you have an allergy to a food which is not on this list (such as lentils, chickpea or kiwi fruit for instance) it will not be highlighted as an allergen, but should be included on the products ingredients list.

Please be aware if you are on holiday or buying foods produced outside Europe these rules will not apply.

‘May contain’

Some companies use the term ‘may contain’ on their food labels. This means that even though an ingredient has not been deliberately included in the food, the manufacturer cannot be sure that the product doesn’t accidentally contain small amounts of them. These warnings should always be taken seriously, but they don’t tell you anything about the level of risk associated with eating that particular food.

Some people with food allergies only eat food that has been prepared in an entirely allergen free environment. Many families do this successfully. However, so many foods are labelled ‘may contain’ that this can be very restrictive.

Some families choose to manage 'may contain' products by carefully assessing the risk and following these four rules:

1. Check the product every time

Just because you have eaten a particular food in the past and not had an allergic reaction does not mean that the food will always be safe to eat. Recipes change and the food you are allergic to may have been added to the ingredients.

2. Don't eat 'may contain' products when you are unwell

The amount of a food that you need to eat to cause an allergic reaction is called the threshold. This varies, as does the severity of a reaction you may have to the same amount of the food. Things that can lower your threshold include strenuous exercise, drinking alcohol, being unwell (for any reason) or symptoms of asthma or hay fever. At these times it is advisable to avoid foods labelled 'may contain'.

3. Make sure that you are in a place where you can get help

Make sure that you are in a place where an ambulance can be called and can arrive promptly. Some families choose to eat traces only at home for this very reason and avoid all 'may contain' products outside the family home

4. Make sure you have your rescue medication with you.

You should always carry your oral antihistamine and adrenaline auto-injector with you at all times.

Foods without packaging

Changes to the regulations from December 2014 mean that information must be provided on allergens in foods sold without packaging or wrapped on site. This includes foods sold at supermarkets, delis, cafes and restaurants.

This information could be written on a chalk board or chart, or provided verbally by a member of staff. Where the specific allergen information is not provided upfront, clear signposting to where this information could be obtained must be provided. If unsure, ask a member of staff.

Be aware that these regulations do not cover allergens present following accidental contamination. Sometimes small amounts of the food you need to avoid may have come into contact with another food. For example, nuts and seeds falling off baked items, or the same serving spoon being used for multiple products at a deli or ice cream counter. For this reason it is important to be careful of self-service restaurants and buffets.

Eating out

You may want to contact a restaurant in advance about your food allergy as well as speaking to the chef about your allergy whilst choosing your dishes from the menu. Don't risk eating a food if you are not sure it's suitable. You could carry a 'chef card' to give to the restaurant staff. This will tell the chef which foods you need to avoid.

You can download chef cards from: <https://www.food.gov.uk/sites/default/files/allergy-chef-cards.pdf>

Useful Allergy Information Resources

Anaphylaxis campaign

www.anaphylaxis.org.uk

Helpline: 01252 542029

The Anaphylaxis campaign was set up to help people who have life-threatening allergic reactions to foods, latex and insect stings. They supply useful information and support through their website and telephone helpline about managing food allergy, allergy in schools, food alerts and other allergy information.

Allergy action

www.allergyaction.org.uk

A website developed to promote awareness and offer practical advice for people with food allergies. The website includes details of food labelling and how to make translation cards for use on holidays abroad.

Food allergy and anaphylaxis network

www.foodallergy.org

FAAN is the US charity working like the English charities to raise the recognition of food allergy and anaphylaxis and the issues surrounding this disease. They have many useful areas on their website including allergy-free recipes.

Allergy UK

www.allergyuk.org

Helpline: 01322 619898

Allergy UK is the leading national charity dedicated to supporting the estimated 21 million allergy sufferers in the UK. They provide a dedicated helpline, support network and online forum for those with allergy.

Itchy Sneezy Wheezy

www.itchysneezywheezy.co.uk

A website that contains easy to understand information on the diagnosis and management of allergic conditions (eczema, asthma, hay fever and food allergies).

Food Maestro App

<http://foodmaestro.me>

The FoodMaestro app is a useful resource developed in partnership with Guy's & St Thomas' Hospital Trust. It allows you to enter your personal food requirements, and scan food labels or search to find suitable foods in UK supermarkets. It is free to download on Apple and Android devices.

Resuscitation training

St John's Ambulance

www.sja.org.uk

The St John's Ambulance service offer a range of first aid courses, including one specifically on recognising and managing anaphylaxis. Please see their website for further details.

Auto-injector Training

Please look at the website for the company that manufactures your adrenaline auto-injector pen. They all have really useful training videos on how to use adrenaline auto-injectors, and the Epipen and Jext websites both provide free text-alert services to remind you when your pen is due to expire.

Each company has produced a trainer device, which is just like your auto injector device except that it has no adrenaline and no needle. It can be used and re-used to teach yourself and others to be confident in the use of an auto injector device in an emergency. If you were not issued with a trainer device at diagnosis, please request one from your auto-injectors company website.

We recommend that you and your family refresh your skills on a regular basis by practicing with your trainer device. This could be done at the beginning of each school term or each time you collect a new device.

Adrenaline Auto-injector Websites:

- Epipen <http://www.epipen.co.uk/patients/>
- Jext <http://www.jext.co.uk>
- Emerade <http://www.emerade.com>

Remember! Be prepared - carry your rescue medicines (antihistamine and adrenaline pens) with you at all times! Make sure your friends and family know what to do if you have an allergic reaction.



Medical ID and alert products

www.mediband.com/gb

Medical bracelets, jewellery and awareness products, raise awareness of your allergy and give vital information to help others to help you. They are fun to wear and look great.

Allergy Kids

www.allergykids.co.uk

Allergy Kids sells adjustable allergy and medical alert wristbands for children. They each have a character and alert message on the wrist strap.

Medicalert

www.medicalert.org.uk

Medicalert supplies an identification system of necklets and bracelets bearing the MedicAlert® symbol on the disc and supported by a 24 hour emergency telephone service accessible from anywhere in the world.

YellowCross

www.yellowcross.co.uk

This is a UK-based company that sells a range of bags and containers designed to carry medicines. They stock a 'large MiniBag', designed for carrying an emergency allergy kit.

Food Allergy Action Plan

HOSPITAL LABEL

Place Child's
Picture Here

Allergy to:

A non-life threatening reaction – what to look out for:

Eyes	- itchy, runny, swollen
Nose	- Itchy, runny, congested
Mouth	- itchy or swollen lips or mouth
Skin	- itchy hives or nettle rash, redness, swelling of the face or other parts of the body
Gut	- nausea, stomach cramps, vomiting, diarrhoea

Action to take:

1. **Give Antihistamine** syrup or tablet
2. The child should **Rest** and
 - **Not** do strenuous exercise
 - **Not** eat a heavy meal.
 - **Not** have any form of fizzy drink.
 - **Not** have a hot bath or shower
3. **Contact** the parents or guardian
4. **Do not leave the child alone** as the severity of symptoms can change quickly

A life threatening reaction - what to look out for:

Airway	- Tightness or a lump in the throat, hoarse voice, hacking cough.
Breathing	- Short of breath, cough, not able to speak in full sentences, noisy breathing, wheezing.
Conscious level	- Feeling faint, weakness or floppiness, glazed expression, unconscious.
Deterioration	- Symptoms getting steadily worse.

Action to take

1. **Give auto-injector** in the outer thigh muscle.
2. Once the auto-injector has been given, even if the child is making a good recovery you must: **Dial 999** for the ambulance.
3. If the child is conscious and having breathing difficulties, help them to sit up. If they are faint or floppy, they are better lying flat with their legs raised up.
4. Repeat dose in 5 -10 mins if continued deterioration – often given by the ambulance crew

Parent/guardian:	Doctor/Nurse:	Position:
Signature:	Signature:	Date:

Frequently asked questions

You should have read this information before an allergic reaction! Please phone and ask clinic if something isn't clear, we are happy to advise.

What is an autoinjector device?

An autoinjector device or AID contains a single injection of adrenaline. This is a medicine used to treat severe allergic reactions. It comes as an easy to use injection so that the medicine can get to work quickly.

When to use the autoinjector?

Use the autoinjector at the first sign of a **severe allergic reaction**. The adrenaline will help stop the allergic reaction. So the sooner it is given the better. You will not hurt somebody by giving the autoinjector when they don't need it. It is better to be safe than sorry.

How long have I got?

Allergic reactions happen quickly but they are not instant. **Most people have time to decide what to do.** Make sure that you are confident about when to use the autoinjector and how it should be given. Always carry it with you and make sure that it is within the expiry date. You should keep your skills up to date by rehearsing with a trainer pen or watching a training video on line at least once a term, or when your autoinjectors need to be replaced.

Online information can be found here:

www.epipen.co.uk
www.jext.co.uk

What will make things worse?

Someone having an allergic reaction **should not be moved**. Even if they are able to walk - don't walk them about - get help to them instead. People with breathing difficulties should be allowed to find their most comfortable position, this is often sat upright.

Otherwise lay the person down and raise their legs in the air if possible, for instance by putting their heels on a chair or someone's knees

Exercise, hot baths, big meals, fizzy drinks and alcohol up to a day after a reaction can cause symptoms to return. So take it easy afterwards, rest and recover. Toddler's should be allowed to play normally but should avoid situations where they could get over excited.

How do I phone for an ambulance?

You can dial 999 from any phone, even if there is no credit left on a mobile.

Ask the operator for an ambulance. You will be put through to a trained member of the ambulance service who will be able to help you. They will ask about the patient's condition. Explain that they are having a serious allergic reaction and that the autoinjector has been given. They will be able to give you instructions on how to help the person whilst the ambulance is on its way.

Do I have to go to hospital?

The patient should go to hospital by ambulance if they have had a severe allergic reaction. This is because the reaction may return, and they should be assessed by a doctor.

Specialist advice for the ambulance crew and Emergency Department doctors

We recommend that children with anaphylaxis are observed in hospital for a period of several hours to check for a delayed or biphasic response. Prednisolone should be given for 3 days at 2mg/kg once a day to prevent return of symptoms. Please copy the allergy clinic into your discharge summary.

Contact: Children's Allergy Clinic

Southampton General Hospital,

Southampton, SO16 6YD

Phone: 023 8120 4335

Email: childrensallergy@uhs.nhs.uk