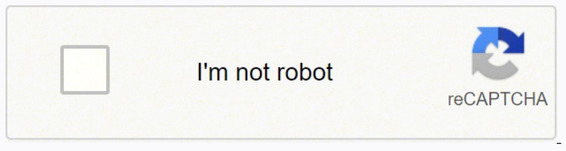

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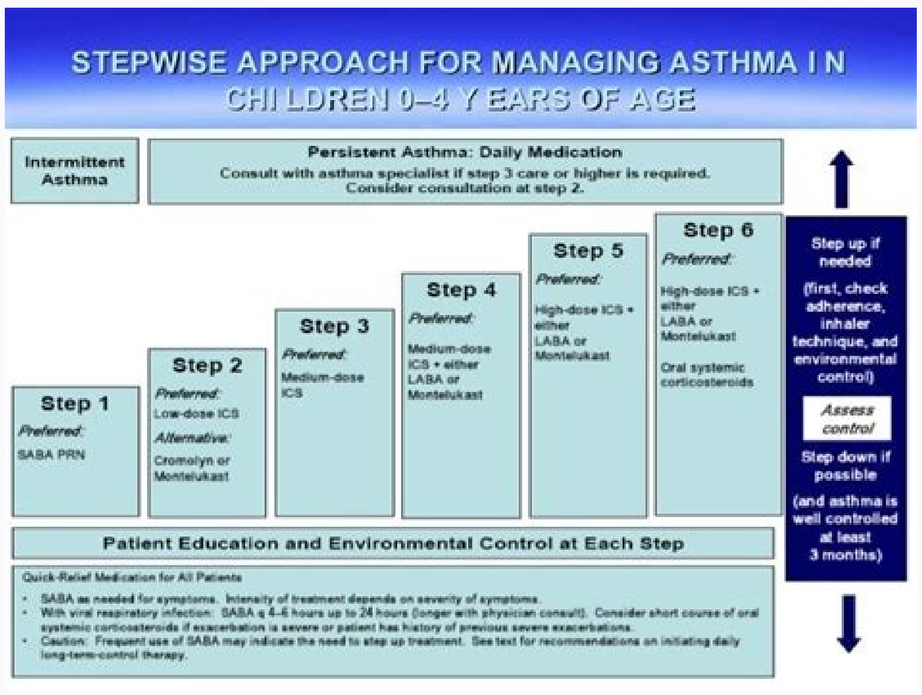
Australian paediatric asthma guidelines



ASCIA ADRENALINE INJECTOR DOSE RECOMMENDATIONS ASCIA recommends the doses of adrenaline injector listed below, based on expert consent and standard practice from ASCIA members, which vary to product information. Allergic peanuts specific peanuts, tree nuts and seafood. Â© ASCIA 2022 ASCIA Ã¨ the Peak Professional Body of Clinical Immunology / Allergy Specialists in Australia and New Zealand. If there is a concern, patients should be referred to a clinical immunology/allergy specialist for evaluation. If there is a concern regarding a child under 7.5 kg requiring adrenaline, they should be referred to a clinical immunology/allergy specialist for evaluation. Determines if the allergy persists. ASCIA does not recommend the use of adrenaline ampoules and syringes for children under 7.5 kg as they are not appropriate for non-medical settings, such as childcare centers. NÃ© the brand Ã¨ currently discounted by Pharmac in New Zealand. Most countries have more¹ brands of adrenaline injector devices available, and this is important for the following reasons: to ensure the continuous supply of adrenaline life savings, especially if a brand has a shortage of stock. Symptoms and signs indicating when to use the adrenalinate injector. Children 7.5-20kg (about one to five years old): EpipenÂ® Junior (150 micrograms) or AnapenÂ® 150 (JR) (150 micrograms) Adults and children over 20 kg (about five years or more): EpipenÂ® (300 micrograms) or AnapenÂ® 300 (300 micrograms) Adults and children over 50 kg (about 12 years old or over): NEW * ANAPENÂ® 500 (500 micrograms) or AnapenÂ® 300 (300 micrograms) or EpipenÂ® (300 micrograms). Treatment to control symptoms of the asthma Ã¨ important in this group (e.g. drugs, allergenic immunotherapy). Long travel abroad. ASCIA travel plan if necessary. ASCIA Guidelines for Prescribing Adrenaline Injector 2 022 135.97 KB Updated January 12, 2022 A summary of the main updates to these guidelines atÂ, www.allergy.org.au/hp/anafilasi/adrenalina-Iniector-prescription-Sintesi These guidelines are intended to outline the appropriate prescription and dose of adrenaline injectors (adrenaline) to be used in non-medical contexts, For the first-aid treatment of potentially lethal allergic reactions (anaphylaxis) .ã, these guidelines must be used in combination with clinical judgment, taking into account aspects that include training on a new device and the preference of the device by of the patient or those who assist it. AnapenÂ® (150, 300 and 500 micrograms) - TGA approved and available in Australia on the PBS (up to two devices per prescription). Justification: Most deaths related to food allergy occur in those who have unstable asthma. The Generalized Orticaria alone without anaphylaxis following insect bites (for example, bites of bees, wasps or ant jumper jacks) or followed by mulled bites is not a routine indication for the prescription of adrenaline autoinjackers , but can be taken into consideration (in combination with allergenic specific immunotherapy, if available) in selected cases. This can be partly due to a greater risk of assuming behaviors in this band of age, but it can also reflect a greater probability of accidental exposure to food allergens when eating away from home or when it is not under parents' surveillance. It is important to specify the brand and mark the box on the prescription to ensure that the mark is not replaced. Isolated angioedema - the risk of fatal angioedema (not related to food or pungent insect allergy, hereditary angioedema or use of ACE inhibitors) is very low. Underlyed starch disorders (eg systemic mastocytosis or high serum concentrations of at baseline) together with any previous systemic allergic reactions to insect bites, including patients undergoing poisonous immunotherapy. While the dose Ã ④ ÂÂoptimalÃÂ of adrenaline Ã¨ is unknown, there is a risk that the adrenaline injector at the lowest dose¹ may provide a overdose. Instruction on prevention of trigger(s) This Ã¨ particularly important with anaphylaxis induced by food allergies. These doses are consistent with the standard of acute anaphylaxis clinical care for Australia, the Australian prescriber's anaphylaxis wallchart, the Australian immunization manual, and the International Recommendations of the World Allergy Organization (WAO), Canada, and the United Kingdom (see weblinks below). A dose of 500 micrograms can² potentially prevent the need additional adrenaline doses. Adolescents and young adults with food allergy. It is important to specify the brand and checkbox on the PBS prescription to ensure that the brand is not replaced. 4. Cardiovascular diseases (hypertension, ischemic heart disease or arrhythmia) are associated with a relatively higher risk of fatal anaphylaxis from insect bites. Issues should be discussed with parents on the basis of a risk assessment. To access the clinical definitions, see the ASCIA Guidelines for Acute Anaphylaxis Management on the ASCIA website www.allergy.org.au/hp/papers/acute-management-of-anaphylaxis-guidelines Updated ASCIA Action Plans for Anaphylaxis, e-training courses and other resources that include the EpiPenÃÂ® and AnapenÂ® instructions are available on the ASCIA website www.allergy.org.au/anaphylaxis Ã Anaphylaxis Management Plan An adrenaline injector should only be prescribed in the context of a completeanaphylaxis management plan that includes the following: 1. Adrenaline ampoules and syringes are not considered by ASCIA suitable for non-medical environments such as schools, education/care centers Ã Â children and workplaces.Ã ASCIA recommends use of adrenaline as a first-line treatment for anaphylaxis using one of the following two brands of injectors of EpiPenÂ® (150 and 300 micrograms) – TGA approved, available in Australia on PBS (up to two prescription devices), and available in New Zealand. Examine Examine (such (such as poorly controlled or persistent asthma) that may increase the risk of more serious reactions. Risk factors that have been associated with fatal anaphylaxis. ASCIA respects your privacy. Elevated specific IgE only (positive blood or skin allergy test) without a history of clinical reactivity - A positive allergy test without a history strongly suggestive of allergy is an indication for specialist allergy assessment, which will include assessment of the risk of allergy and anaphylaxis, and sometimes include challenge testing. Epidemiology of allergic reactions triggers that may be difficult to avoid. Prescribe adrenaline injectors. ASCIA Adrenaline Injector Prescription Guide History of anaphylaxisÃ - If the patient is considered to be at continuing risk from allergic reactions to identified triggers (confirmed allergen/s) or unidentified triggers (idiopathic anaphylaxis). Food allergy (excluding oral allergy syndrome) and co-existingÃ unstable or moderate to severe, persistent asthma. Consideration of temporary availability to patients considered at lower risk, who are travelling abroad may also be considered, where language barriers and lesser control over food preparation may increase the risk of accidental exposure and access to medical care may also be limited. Fatal anaphylaxis may arise from any food, but most fatalities arise from food allergy that persists into adolescence and adult life (e.g. peanut, tree nut, sesame seed and seafood allergies). Even if ampoules are administered by ¢ÂÂÂtrained¢ÂÂÂ non-medical personnel, such as parents, there may be a risk of a serious dosing error. If known allergen can be successfully avoided (e.g. drug allergy, latex allergy). Family (rather than personal) history of anaphylaxis or allergy - Whilst the risk for allergic disease such as asthma, allergic rhinitis and atopic eczema is in part inherited, there is not a substantial genetic contribution to food, sting or Allergy risk and risk of anaphylaxis will not be inherited. Instructions on how to use the adrenaline injector. Read our privacy policy here... Allergic reactions to these foods can occur after ingesting relatively small amounts and the risk of reaction is unlikely to be reduced by cooking or processing the foods. EpipenÂ® and AnapenÂ® are also available without a prescription. The content of the ASCIA resources will not be affected by any business organization. Limited access to remote residential locations for emergency medical care. Provision of an AX Action Plan for Anaphylaxis (Emergency Response Plan) This plan includes: Personal details - Patient photos, name, confirmed allergens and family / emergency contacts. 5. Unstable or moderate to severe and persistent asthma increases the risk of respiratory compromises in those allergic to food. Determines whether a specialist review is required to determine whether the allergy persists, Ã¨ new allergies are needed again or whether Ã¨ requires a more detailed review¹. It important to distinguish this permanent risk situation from those at short risk (e.g. bushwalking, school camps). Encourage vendors to provide devices with longer retention periods. Conditions co-soft asthma. Identification of anaphylaxis (s) triggers This should include a complete history, clinical examination, appropriate use and interpretation of allergy tests and in some circumstances, the deliberate challenge to demonstrate or refute allergy. * The adrenaline dose in Anapen 500 Ã¨ consistent with the recommendations of the intramuscular injection dose (IMI) for persons weighing more than 50 kg in the publications listed below: STANDARDS / slanoisseforp-htlaeh-rof-tnemeganam-ycnegreme-sixalyhpana/selcitra/rebircserp-nailartsua/ua.gro.spn.www//:SPTTH slanoisseforp-htlaeh-rof-tnemeganam-ycnegreme-sixalyhpana/selcitra/rebircserp-nailartsua/ua.gro.spn.www//:SPTTH DRADNATS 20)30375-6/fulltext 21)00150-7/fulltext unization-guide-part-2-vaccine-safety/page-4-early-vaccine-response-include-anafhylaxis.html#shr-pg0 Children under 7.5 kg Adrenaline injectors are not usually recommended for children under 7.5 kg as the risk of fatal anaphylaxis in children this age Ã¨ very low. resolved food allergy - This should be established by a clinical immunology/allergy specialist. Provide Consumers with the Opportunity to to access point-of-difference devices according to their needs. Indicate the cofactors that may increase the risk of more severe reactions¹ (e.g. use of beta-blockers, NSAIDs, exercise, controlasthma). In some locations remote residential areas (e.g. remote rural areas), access to medical care and early adrenaline administration may not be possible unless an adrenaline autoinjector is provided to the patient or his or her attendants for administration. In these circumstances the use of medical identification jewelry Ã¨ strongly recommended. Both EpiPenÂ® and AnapenÂ® devices are widely used in other countries. Decisions regarding immunotherapy take into account factors such as the risk of progression to anaphylaxis (based on follow-up studies), etÃ patient (more likely in adults than children), co-morbidity (significant cardiorespiratory disease) or life or work in remote areas (where access to emergency medical care may be more problematic) or occupational (e.g beekeeping) or even recreational to insects (e.g. hiking areas where Jack Jumper ants are endemic). Referral to an immunology/clinical allergy Specialist review by an immunology/clinical allergy specialist shall be for: for: whether the correct triggers were found. 3. If it is considered essential to prescribe emergency adrenalinefor a child weighing less than 7,5 kg, the risk of overdosing Ã ④ÂfixedÃ Â The content provided Ã¨ is intended exclusively for educational, communication and information purposes and is not intended to replace or constitute medical advice or treatment.Ã Read more... Each adrenaline injector device contains a single fixed dose of adrenaline administered intramuscularly into the outer central part of the thigh, for safe and rapid absorption of adrenaline. Local reactions to insect bites in adults and children - Follow-up studies show that these rarely progress to anaphylaxis. While the food allergy Ã¨ piÃ¹ common in children of etÃ five years or less, most fatal reactions in food (~90%) occur in adolescents and young adults. Provide re-education on the use of the adrenaline injector (using a prescribed brand training device) and positioning (e.g. not standing or walking when anaphylaxis occurs). 2. Provide doctors who prescribe a choice of dose, even for people over 50 kg who might prefer a higher dose¹ (500 micrograms). Oral allergy syndrome - The probability progression to the anaphylaxis¨ very low. Appropriate follow The visit by a doctor Â patient (normally their GP) Â about 12-18 monthly should occur for: Investigate any allergic reactions that have occurred since last review Renew the ax action plan. Supplied with an ax action plan for anaphylaxis that includes the prescribed instructions the device. Provide advice on specific management, including for immunotherapy allergens (if available). The ASCIA resources are based on published literature and expert review, however, are not intended to replace medical advice. Those include adrenaline injector devices that are currently available in Australia and New Zealand, and are based on published evidence regarding: Recommended doses of adrenaline injectors to treat severe symptoms, reduce the risk of serious morbidity (e.g. cerebrovascular damage) and prevent fatalities due to anaphylaxis. Systemic mastocytosis This list is not comprehensive and if there is a concern, patients should be referred to a clinical immunology/allergy specialist for assessment. ASCIA Adrenaline Injector Recommendations Adrenaline rapidly reverses the effects of anaphylaxis and adrenaline injector devices are considered to be first line emergency first aid treatment for anaphylaxis. It is essential that patients, consumers and carers are: Trained on the use of the prescribed device (EpiPenÃ®Â or AnapenÃ®Â). For more information go to www.allergy.org.au To donate to immunology/allergy research go to www.allergyimmunology.org.au Ensure correct ASCIA Action Plan is provided for the brand of prescribed device. These factors should be considered when deciding whether an adrenaline autoinjector is prescribed, as they are known risk factors for more severe or fatal allergic reactions.Ã Â Asthma without a history of anaphylaxis or generalised allergic reactions. The ASCIA website is intended for use by ASCIA members, health professionals and the general public. Generalised skin rash (only) to bee or wasp stings in children - 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. stings.

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