

# Anaphylaxis 101 Webcast

## Frequently Asked Questions

**Live Broadcast:** Wednesday, May 14, 2008



### *You asked about....*

#### **Epinephrine Auto-Injectors**

- **When to use:** Epinephrine is the first line medication that should be used in the emergency management of a person having a potentially life-threatening allergic reaction. It is recommended that epinephrine be given at the start of any suspected anaphylactic reaction occurring in conjunction with a known or suspected allergy contact. In studies of individuals who have died as a result of anaphylaxis, epinephrine was underused, not used at all, or administration was delayed. The course of an anaphylactic episode cannot be predicted with certainty and may differ from one person to another and from one episode to another in the same person.
- **Expiration date:** It is best that people at risk carry an in-date (i.e. unexpired) auto-injector with them at all times. When you purchase your auto-injector, make a note in your calendar one month before the expiry date to refill the prescription. For more information about the EpiPen and Twinject devices and to sign up for the automated reminder programs visit [www.epipen.ca](http://www.epipen.ca) and [www.twinject.ca](http://www.twinject.ca).
- **Accidental injection:** Epinephrine auto-injectors should always be injected in the outer muscle of the thigh. Make sure the needle end of the device is injected into this area. If you accidentally inject the needle into your finger or thumb, go to hospital immediately to seek treatment.
- **Weight specifications:** The current general recommendation is that a smaller dosage (0.15mg) should be used for children weighing 15 kg to 30 kg. A larger dosage (0.30mg) should be used for people weighing 30 kg or greater. Consult with your physician about the dosage required for yourself or your child.
- **Storage:** Epinephrine is light sensitive and needs to be stored at a temperature between 15-30° C. Keep at room temperature and avoid exposing the device to extreme heat (e.g. glove compartment of a car) or cold (e.g. in the refrigerator).
- **Age to carry:** Children who have demonstrated maturity (usually by the age of 6 or 7) should carry their own epinephrine auto-injector. Many children learn to carry their device in a waist-pack or "fanny pack" by the time they are in grade one or two. This will vary depending on the child's development and skill level, level of support provided, and education of peers and caregivers.

#### **Anaphylactic Reactions**

- **Reactions worsening:** The severity of a reaction can vary from person to person and even in the same person. This will depend on a number of factors such as the route of exposure, amount of allergen, person's sensitivity which can change over time, and their health at the time of the exposure. Therefore, it is not possible to predict with absolute certainty how a reaction will progress.
- **Causes of anaphylaxis:** Food proteins, insect stings, drugs, such as penicillin, and natural rubber latex can cause life-threatening allergic reactions. Some allergic people will also experience anaphylaxis if they exercise vigorously after eating a certain food.

**Disclaimer:** The information provided is not intended to give medical or legal advice. Consult with a physician about concerns/questions specific to your situation. References to websites and other organizations are for information only and do not represent an endorsement.

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## School Issues

- **Location of auto-injectors:** Individuals at risk of anaphylaxis should always carry an auto-injector with them (i.e. on their person) and tell others where they are kept, in case of an emergency. Auto-injectors must be kept in locations which are easily accessible and not in locked cupboards or drawers. These locations should be known to all staff members and caregivers.
- **Anaphylaxis emergency plan:** In schools and other child care settings, each child at risk of anaphylaxis should have an Anaphylaxis Emergency Plan. This form should contain the person's photo and allergy information, signs and symptoms, brief action plan, contact information, and consent to administer medication. The form can also be downloaded from the website: [www.allergysafecommunities.ca](http://www.allergysafecommunities.ca) along with an instruction sheet for the auto-injectors.
- **Back-up auto-injectors:** Have a back-up dose of epinephrine available as a precautionary measure as a second injection may be required to treat an allergic reaction

## Treatment & Outgrowing Allergies

- **Venom immunotherapy:** These are allergy shots to desensitize a venom-allergic person to their stinging insect allergens. People with stinging insect allergy should consult with an allergist to see if they are a candidate for venom immunotherapy which has proven to be very effective for many.
- **Outgrowing allergies:** Children who are sensitive to milk or egg tend to lose their allergy over time, however, for some, these allergies are life-long. Allergy to peanut, tree nuts, fish and seafood tends to persist. There are some studies which suggest that children may outgrow peanut and nut allergies. Currently, there is no cure for food allergy.