

Agenda

- Why is the primary care guidance needed
- Key points
- Practical considerations
- Signposting to resources and cases
- Question and Answers and Hot Topics
- Slide pack included

Anaphylaxis and Adrenaline Auto-injectors

Dr Elizabeth Angier

Dr Deepa Choudhury

Primary Care Guidance

Key clinical questions that might present to primary care are as follows (Box 1):

Box 1. Principal clinical questions

1. How are patients at risk of anaphylaxis identified?
2. Are tests helpful in primary care and how are they interpreted?
3. What can Health Care Professionals (HCP) do to manage patients in the community?
 - What self-management plans should be recommended?
 - What advice can we give about managing an acute reaction including positioning, early use of adrenaline and talking to emergency services?
 - When can children self-administer an adrenaline auto-injector?
 - What device specific training is required, how often do patients require retraining with adrenaline auto-injectors and who could deliver this?
 - How do cofactors affect reactions, and should patients be aware of them?
 - What advice can HCPs give to school, universities, colleges, and employers?
4. How many adrenaline auto-injectors should be prescribed?
5. How to recognise at risk groups and at-risk situations and how to manage them?

Adrenaline auto-injectors (AAI) prescription for anaphylaxis in adults and children: guidance for primary care

Executive Summary AAI Guidance

1. An allergy focused history supports the risk assessment for anaphylaxis.
2. Total and specific IgE blood tests alone are not helpful in predicting future anaphylaxis. If requested this must be done in conjunction with an allergy focused history to enable interpretation of results. Specific IgE testing when the allergen is suspected from the history is of value.
3. Prescribe two adrenaline autoinjectors for those at significant risk of anaphylaxis, refer for specialist assessment and train the patient telling them to carry the AAIs at all times. This can be done as part of the referral process prior to being seen at the allergy clinic and ongoing after review if required.
4. Training should be specific to the device, ongoing and be incorporated into the prescribing process alongside an individualised action plan.
5. Encourage self-management by issuing an allergy action plan supporting the patient to know how and when to use their adrenaline autoinjectors, and avoidance of triggers.
6. Optimise asthma control and other comorbidities such as allergic rhinitis.
7. Advice on positioning during anaphylaxis. They should sit up if they are having breathing difficulties and lie down if they are feeling faint. Sudden movements to an upright posture should be avoided. Do not stand up.
8. Emphasize the early use of an adrenaline autoinjector in anaphylaxis, which is given intramuscularly, administer a second AAI after 5 minutes if no improvement in symptoms. Prompt use of adrenaline can save lives.
9. When reviewing patients check their devices are appropriate for weight, that they are carrying their adrenaline autoinjectors, they are in date, they know the process for renewal and have reminders for expiry in place.
10. Adolescents and young adults are at increased risk of fatal food anaphylaxis and need an individualised approach. Adolescents and young people may require a specific developmentally appropriate approach which may be supported by transition services.
11. Refer to patient organisations for resources and peer support.
12. Refer for assessment. Every patient prescribed AAIs or considered at risk of anaphylaxis must be reviewed by a specialist. Prescription of AAIs is not a substitute for referral.

**Referral
template can be
found on BSACI
website**

ALLERGY CLINIC REFERRAL FORM FOR SUSPECTED ANAPHYLAXIS From GPs and AE

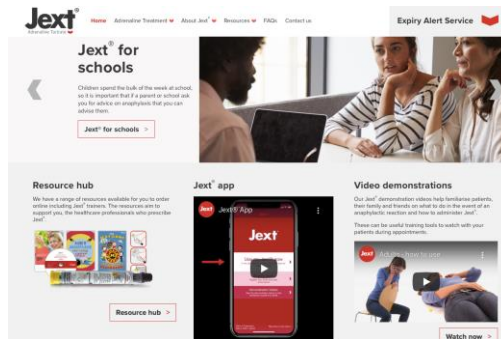
<p><u>PATIENT DETAILS :</u> Name/dob/nhs no /address Contact No</p>	<p>REFERRING Clinician Name and Address of Surgery or AE</p>
<p>Reason for <u>Referral :</u> Suspected <u>Trigger :</u> Seen by allergy clinic before?</p>	
<p>Allergic reaction details (Onset (temporal relationship to <u>trigger ?</u>), involvement of Airway /Breathing / Circulation/Skin and mucosal changes /GI /CNS or other symptomology)</p> <p>Any reproducibility has this happened before?</p> <p>Quantity of exposure to allergen (For example- Pt ate a full Snicker chocolate Bar)</p> <p>Any <u>Cofactors :</u> stress / strenuous exercise / lack of sleep / Menstruation /alcohol /NSAID Co-morbidities Hypertension /Ischaemic Heart Disease Current medications including B blockers and if on ACE inhibitors</p> <p>Past Medical History / Medication <u>history</u> (Please either fill in or attach with letter) Especially any Asthma/<u>Hayfever</u> /Eczema?</p>	

Adrenaline auto-injectors (AAI) prescription for anaphylaxis in adults and children: guidance for primary care



Prescribe Adrenaline devices prior to referral

Jext

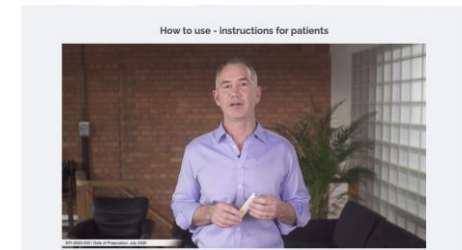


Adrenaline Devices Two Devices

Carry them at all times !

Train on devices

Epipen



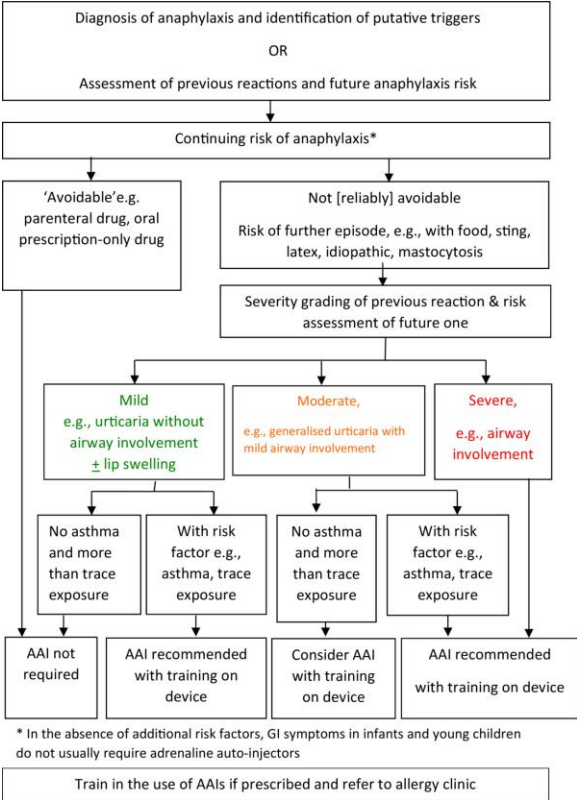
Practical aspects relevant within the guidance

Identifying and categorizing the risk of Anaphylaxis - see p16 Algorithm

Being aware of Risk factors for Fatal anaphylaxis and making patients aware

- *Failure to carry AAI*
- *Delayed administration of AAI*
- *Lack of training how to use them*
- *Use of expired devices*
- *Poorly controlled asthma*

Adrenaline auto-injector prescription for patients at risk of anaphylaxis: BSACI guidance for primary care



Primary care consultation for anaphylaxis

1. Inspect



Adrenaline auto-injectors (AAI) prescription for anaphylaxis in adults and children: guidance for primary care

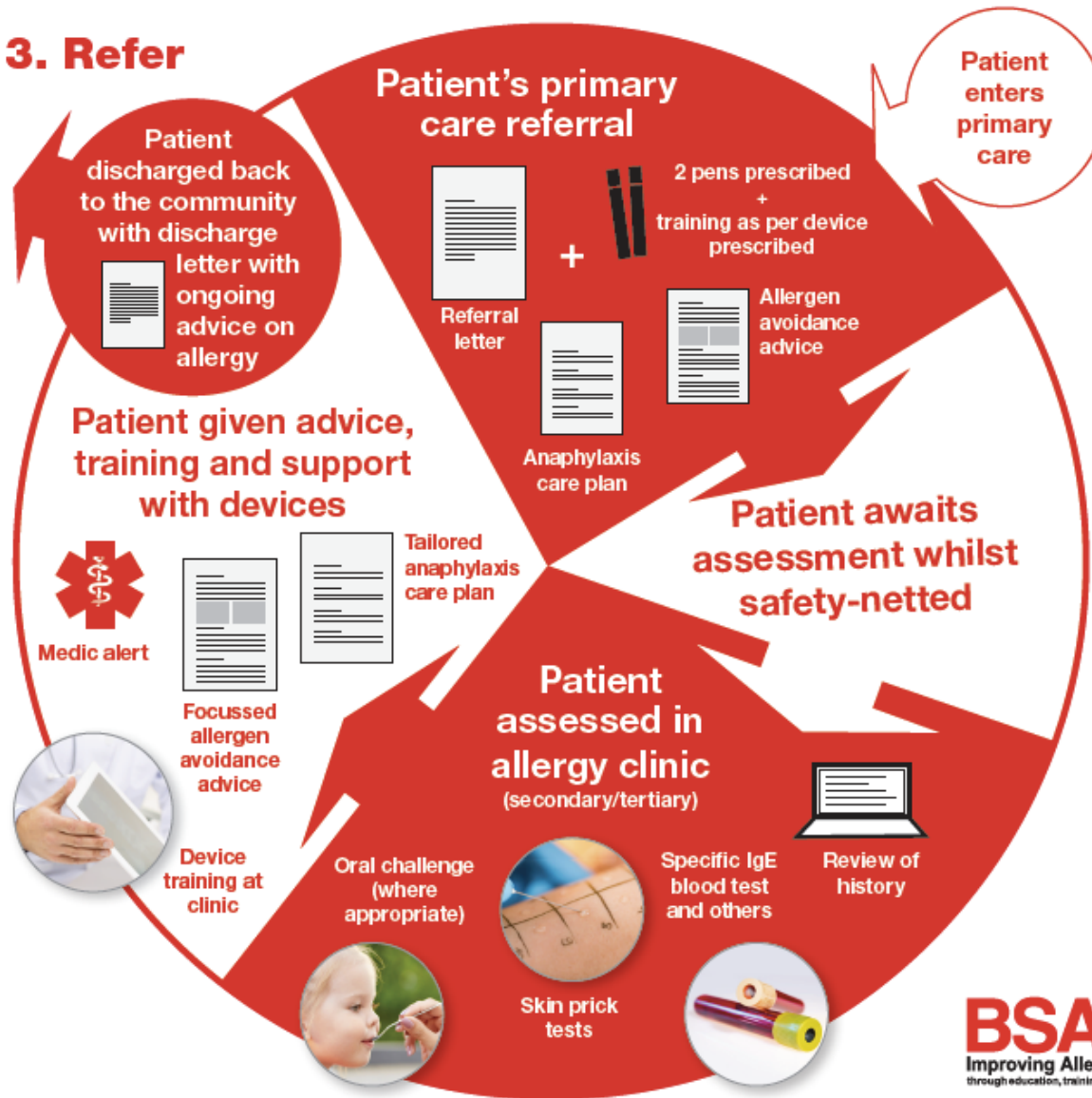
2. Empower

Training patients and carers adrenaline devices



Adrenaline auto-injectors (AAI) prescription for anaphylaxis in adults and children: guidance for primary care

3. Refer



Patient journey across the health system in anaphylaxis

Adrenaline auto-injectors (AAI) prescription for anaphylaxis in adults and children: guidance for primary care

4. Key points

PEN



- 2 pens to be prescribed at initial presentation in primary care
- Advice to carry the pens everywhere and at all times

POSITION

- Position patients correctly during anaphylaxis: lying down and feet elevated
- Ensure avoidance of sudden movements
- Sitting up if breathless



PRESCRIPTION

- Prescription = training + prescription
- Training should ideally be done at the time of issue and review of AAI prescription
- Training must be relevant and specific to device prescribed
- Ensure dosing is appropriate for weight (especially important in children)



PATIENT

- Empowerment of self-management and self-efficacy by all health professionals is essential from the very outset

Key Points

Adrenaline auto-injectors (AAI) prescription for anaphylaxis in adults and children: guidance for primary care

Resources

1. BSACI Guidance on BSACI website

<https://www.bsaci.org/guidelines/primary-care-guidelines/adrenaline-auto-injector-prescription-for-patients-at-risk-of-anaphylaxis-bsaci-guidance-for-primary-care/>

2. Clinical and Experimental Allergy research letter

<https://doi.org/10.1111/cea.14325>

3. Medscape summary of guidance

<https://www.medscape.co.uk/viewarticle/adrenaline-auto-injector-prescription-patients-risk-2023a1000egf>

4. GP with extended role allergy (GPWER) document RCGP website and BSACI

<https://www.bsaci.org/wp-content/uploads/2023/11/GPWER-Version-1.0.pdf>

5. Anaphylaxis UK <https://www.anaphylaxis.org.uk>

Allergy UK <https://www.allergyuk.org>

Primary care networks(PCN) and integrated neighbourhood teams(INT) can help support implementation of adrenaline device training

The future is working together in networks with specialists as an allergy community GPs with extended roles (GPWER) can support this

- Shared care
- Team working in all disciplines
- Digital support
- Decision support
- Self-management

BSACI
Improving Allergy Care
through education, training and research

RCGP Royal College of
General Practitioners
Developed in accordance with the RCGP extended role framework

Guidance and competences for the provision of services using practitioners with extended roles in allergy



Photo by [Alina Grubnyak](#) on [Unsplash](#)

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BSACI Primary care autoinjector guidance

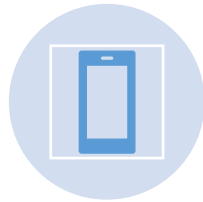


GUIDANCE RESEARCH
LETTER IN CEA

[HTTPS://DOI.ORG/10.1111/CEA.14325](https://doi.org/10.1111/CEA.14325)

MEDSCAPE SUMMARY

[HTTPS://WWW.MEDSCAPE.CO.UK/VIEWARTICLE/ADRENALINE-AUTO-INJECTOR-PRESCRIPTION-PATIENTS-RISK-2023A1000EGF](https://www.medscape.co.uk/viewarticle/adrenaline-auto-injector-prescription-patients-risk-2023a1000egf)



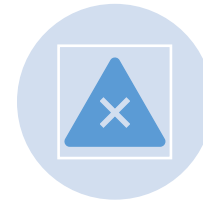
SAFETY NET BY
PRESCRIBING TWO
DEVICES BEFORE
REFERRAL



ADVISE TO CARRY
ADRENALINE DEVICES AT
ALL TIMES



TRAIN IN HOW AND
WHEN TO USE
ADRENALINE DEVICE



KEY FACTOR FOR
IMPLEMENTATION IS
WHO IS GOING TO DO THE
TRAINING FOR
ADRENALINE DEVICES
AND WHERE THIS TAKES
PLACE WORKFORCE
EDUCATION AND GP/WR
ROLES



RESEARCH NEEDS
DEVELOPMENT AND
ASSESSMENT OF
INTERVENTIONS TO
SUPPORT BETTER
CARRIAGE AND USAGE OF
ADRENALINE DEVICES
ADRENALINE NEW WAYS
TO DELIVER

@elizabethangier
Elizabeth.angier@nhs.net

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