Severe Allergic Reaction (Anaphylaxis) for Complementary Health Care Practitioners

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. Anaphylaxis is a medical emergency and requires immediate treatment.

What are allergies?

Allergies occur when an overactive immune system produces antibodies (IgE) against substances in the environment (allergens) that are usually harmless. Exposure to an allergen can result in symptoms that vary from mild to life-threatening.

What is anaphylaxis?

Anaphylaxis is severe and sudden generalised multi-system allergic reaction characterised by one or more symptoms or signs of respiratory, cardiovascular, and other systems such as the skin and / or gastrointestinal tract.

It can occur when a susceptible person is exposed to an allergen (such as certain foods or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis is potentially life-threatening and always requires an emergency response.

How common is anaphylaxis in Australia?

Anaphylaxis is uncommon but not rare, with new cases arising at rates of between 8.4 and 21 per 100 000 patientyears. Anaphylaxis is more common in children than adults. An Australian survey of parent-reported allergy and anaphylaxis found that 1 in 170 school children had suffered at least one episode of anaphylaxis.

Hospital-based studies suggest a death rate in the order of 1 per 100-200 episodes of anaphylaxis treated in an emergency department.

The most common triggers of anaphylaxis are:

- Foods (e.g. peanuts, tree nuts, fish, shellfish, cow's milk and other dairy foods, eggs, sesame, soy)
- Insects (e.g. bee stings, wasp stings, jack jumper ant bites)
- Latex (e.g. rubber gloves, balloons, swimming caps)
- Medications: including natural and herbal products. Antibiotics (usually penicillin) are the most commonly reported trigger for medication allergy.

Potentially life-threatening signs and symptoms of anaphylaxis:

Allergic reactions may be limited to the following and these symptoms may precede the onset of anaphylaxis or may occur as part of the reaction:

- swelling of face, lips and eyes
- hives or welts on the skin
- headache
- congestion and watering of the nose and eyes
- anxiety
- flushing

The following indicates that there is involvement of the lungs or blood vessels:

- difficulty / noisy breathing
- swelling of tongue
- swelling / tightness in throat
- difficulty talking and / or hoarse voice
- wheeze or persistent cough
- chest tightness
- abdominal pain, nausea, vomiting
- confusion
- a drop in blood pressure, loss of consciousness and / or collapse, or cool, sweaty skin with feeble / thready pulse (shock)
- pale and floppy in young children



Acute treatment of anaphylaxis

Adrenaline is the most important treatment for anaphylaxis and can prevent fatal complications if administered in the early stages of an anaphylactic reaction.

Adrenaline administered by injection rapidly reverses the effects of anaphylaxis.

Individuals considered to be at risk of anaphylaxis should carry an adrenaline automatic injector device for use in an emergency.

Always call 000 if you suspect an individual is having an anaphylactic reaction. If they have an auto injector, assist them in administering it.

A comprehensive management plan for individuals with anaphylaxis should include referral to an allergy specialist.

There is no evidence that anaphylaxis can be prevented or treated by complementary or alternate therapies. All individuals who have had an anaphylactic episode or are at risk of anaphylaxis must be assessed by a medical practitioner.

Further Information and Useful Links

NSW Department of Health

www.health.nsw.gov.au www.health.nsw.gov.au/public-health/clinical_policy/topics/ allergies/index.html

The Australasian Society of Clinical Immunology and Allergy Inc (ASCIA) www.allergy.org.au/pospapers/anaphylaxis.htm

Anaphylaxis Australia Incorporated

Phone: 1300 728 000 www.allergyfacts.org.au

Referral Pathway

The purpose of this diagram is to advise health practitioners what they should do if they suspect an individual may be at risk of a severe allergic reaction (anaphylaxis).

Individual presents to a Complementary Health Care Practitioner

- History of asthma or recurrent wheeze
- Known or suspected allergy to food, insects or other...
- Generalised skin irritation / eczema
- Any facial swelling
- Acute allergic reaction
- Acute onset hives & swelling

REFERRAL

General Practitioner

If history & examination suggest severe allergic reaction (anaphylaxis) specialist referral is required



Immunologist/ Allergy Specialist

- Skin prick testing
- Risk assessment
- Anaphylaxis Management Plan
- Emergency Action Plan
- Adrenaline automatic injector prescription (if necessary)