



PEAK MEDICAL
·SPECIALTY CENTRES·

Peak Medical Specialty Centres

Peak Pulmonary Function Laboratories

Local & Toll Free Telephone and Fax:
1-855-738-PEAK (7325)



PEAK PULMONARY
·FUNCTION LABORATORIES·

ANAPHYLAXIS (an-a-fi-LAK-sis)

Anaphylaxis is a severe, potentially life-threatening allergic reaction that requires immediate medical attention. It typically arises from allergy to foods, medications, and insect stings, or from latex or exercise, among others.

The top nine food allergens in Canada:



Even trace amounts can trigger a severe reaction

Symptoms of **ANAPHYLAXIS** can vary widely and can affect the following organ systems within minutes to a few hours after exposure to an allergen:

- **Skin:** hives, itching, redness/flushing, rash, swelling of lips, tongue, throat, face, etc.
- **Respiratory system:** coughing, sneezing, itchy nose and watery eyes, chest tightness, wheezing, choking, trouble swallowing, change in voice, difficulty breathing, etc.
- **Gastrointestinal system:** nausea or vomiting, diarrhea or stomach cramps
- **Cardiovascular system:** pale/blue color, weak or rapid pulse, dizziness/lightheadedness, weakness, fainting
- **Other:** anxiety, confusion, headache, feeling of “impending doom”

Areas most commonly affected in anaphylaxis:

- Skin, in 80-90 percent of cases
- Respiratory, 70 percent
- Gastrointestinal, 30-45 percent
- Cardiovascular, 10-45 percent
- Central nervous system, 10-15 percent

Prompt recognition and treatment are critical in anaphylaxis. If left untreated, the above symptoms can lead to **loss of consciousness/coma/death**. It is important to note that anaphylaxis can occur without hives or other skin symptoms. Because it is impossible to predict in advance how a reaction will unfold, any symptoms in an individual who is at risk of anaphylaxis should be taken very seriously. Failure to recognize early symptoms (either by the patient and caregivers), delayed administration of epinephrine and poorly controlled asthma increase the risk of death.

Avoiding the allergen(s) is the main way to remain safe. Specific advice may include:

- Food: how to interpret ingredient labels, manage restaurant dining, avoid hidden food allergens
- Medications: which drugs/treatments to avoid, a list of alternative medications
- Insects: avoid wearing perfumes and bright colored clothing; wear long sleeves/pants when outdoors



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EPINEPHRINE (ADRENALINE)



Epinephrine (a natural hormone produced by the body during a fight or flight response) is the drug of choice for treating anaphylaxis. Epinephrine narrows blood vessels and opens airways in the lungs. These effects can reverse severe low blood pressure, wheezing, severe skin itching, hives, and other symptoms of an allergic reaction. Persons diagnosed as being at risk of anaphylaxis should carry an epinephrine auto-injector at all times and should wear medical identification, for example a MedicAlert® bracelet.

Do not hesitate or wait to use the epinephrine auto-injector at the onset of symptoms. It should be administered intramuscularly into the lateral thigh (preferably on direct skin, or over clothing, if direct access cannot be obtained quickly). There are no contraindications to using epinephrine for a life-threatening allergic reaction, as the benefit of receiving it outweighs the risk of not receiving it. **When in doubt – give Epinephrine.** While epinephrine is usually effective after one injection, symptoms may recur and further injections may be required (biphasic reaction). A second dose may be administered within 10 to 15 minutes, or sooner, IF symptoms have not improved. Emergency services (911) should be called immediately at the onset of anaphylaxis, for further assessment and management of symptoms, even if the client has received Epinephrine and seems fine following.



Parents should teach their child with anaphylaxis that anaphylaxis is life-threatening and let the child know which allergens need to be avoided. Children with anaphylaxis must be taught not to take or exchange food with other children. In addition, the child must be prepared for an anaphylactic reaction and must know how to use their epinephrine auto injector. Parents should inform school authorities, both verbally and in writing, of their child's medical needs. An individualized anaphylaxis action plan should also be created. Examples of such a plan, along with other relevant information and materials, can be downloaded at Anaphylaxis Canada (<http://www.anaphylaxis.ca>) or the Food Allergy and Anaphylaxis Network (<http://www.foodallergy.org>; a US-based association). Anaphylaxis brochure can be found at (http://aaia.ca/en/anaphylaxis_brochure_en.pdf)

For more information visit:

American College of Allergy Asthma & Immunology
<http://www.acaai.org/allergies>

Translation Cards for Food & Drug Allergies, Special Diets & Medical Needs
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