

NEWS RELEASE

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New guidance published on 'Prescribing an Adrenaline Auto-injector' by the BSACI Standards of Care Committee

Anaphylaxis is a severe reaction, most commonly caused by allergy. It can be triggered by a range of allergies, especially foods, drugs (medicines) and bee and wasp stings. Peanut is the most common food to cause anaphylaxis. The severity varies and can be extremely frightening and in some cases life threatening. Symptoms may include sudden difficulty in breathing, choking and light headedness or collapse, often with a rash or swelling and sometimes vomiting or diarrhoea. Adrenaline is the treatment of choice for severe reactions.

On September 29th, 2016, The British Society for Allergy & Clinical Immunology (BSACI) publishes new guidance on the prescription of adrenaline auto-injectors. These are pen-like devices which patients carry with them, so they can self-treat by injecting adrenaline as soon as severe symptoms begin. With early treatment anaphylaxis is easier to reverse. The new guidance includes: when should adrenaline auto-injectors be prescribed; who needs one; how many pens should each patient carry; ensuring patients are able to use them.

The key recommendations from the guidance includes:

- An adrenaline auto-injector (AAI or adrenaline pen) should be prescribed for those at risk of anaphylaxis.
- An adrenaline auto-injector should be prescribed soon after the acute episode, either in A&E or by the GP promptly after recovery.
- Patients must be trained how to use these devices and when to use them, when they are prescribed.

- Prescribing an adrenaline auto-injector is only one-step in managing anaphylaxis risk and is not by itself enough. It should be combined with diagnosis of why anaphylaxis occurred, allergy advice on avoidance of triggers, a written treatment plan, as well as training in the use of the auto-injector. In the case of children, education of parents/carers and school staff is required, to make children safe.
- Commonly, patients fail to carry the Adrenaline Auto-injector, do not know how to use it or are afraid to. Thus BSACI recommend that retraining and education at every opportunity are essential.
- Normally only one device is required for self-administration. In the case of children 2 are required, one for their school kit (this is usually kept at school) and one for use at all other times (home etc). There are exceptions where 2 may be required in one kit. Decisions should always be made by the individual clinician based on their clinical judgement.
- Assessment of patients who never suffered anaphylaxis, but are considered to be at risk of anaphylaxis can be difficult and therefore requires clinical expertise. Many patients who are prescribed an adrenaline auto-injector fall into this category, therefore new guidance on how to make a risk assessment is given.

Dr Shuaib Nasser, President of the British Society for Allergy & Clinical Immunology (BSACI) says 'BSACI have produced comprehensive guidance on who should be prescribed an adrenaline auto-injector for the treatment of life-threatening allergic reactions. These devices are only one part of the management of anaphylaxis and must be combined with identification of triggers, avoidance advice and a written emergency treatment plan combined with regular training in their use.'

***** **Ends** *****

Notes to Editors:

The guideline will be published in the medical journal, Clinical & Experimental Allergy on 29th September, 2016.

About The British Society for Allergy and Clinical Immunology

The British Society for Allergy & Clinical Immunology (BSACI) is the national, professional and academic society which represents the specialty of allergy at all levels. Its aim is to improve the management of allergies and related diseases of the immune system in the United Kingdom, through education, training and research.

Contacts

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