

Myth: Anaphylaxis is Reported

REALITY:

- **Most individuals do not inform their personal physician of an anaphylactic reaction either at the time of the reaction or during routine exams**

Screening Patients at Risk

Did you ever have a severe allergic reaction:

- To any food?**
- To any medicine?**
- To an insect sting?**
- To latex?**
- That caused breathing trouble? Severe hives and swelling? Severe vomiting or diarrhea? Dizziness?**
- That required you to go to the hospital?**

Myth: Anaphylaxis is Easy to Avoid If You Know What You are Allergic To

REALITY:

- **Most cases of anaphylaxis are due to accidental exposures**

Other Causes of Anaphylactic and Anaphylactoid Reactions

- **Drugs**
 - **Antibiotics**
 - **Chemotherapeutic agents**
 - **Aspirin, NSAIDs**
 - **Biologicals (vaccines, monoclonal antibodies)**
- **Radiocontrast media**
- **Exercise**
- **Idiopathic**

Diagnosing Anaphylaxis

- **Based on clinical presentation, exposure Hx**
- **Cutaneous, respiratory Sx most common**
- **Some cases may be difficult to diagnose**
 - **Vasovagal syncope**
 - **Scombroid poisoning**
 - **Systemic mastocytosis**

Diagnosing Anaphylaxis

- **Careful history to identify possible causes**
- **Can be confirmed by serum tryptase**
 - **Specific for mast cell degranulation**
 - **Remains elevated for up to 6 hours**
- **Other labs to rule out other diagnoses**
- **Refer to allergist for specific testing**

Diagnosing Anaphylaxis

Allergists can identify specific causes by:

- **Skin tests/RAST**
 - **Foods**
 - **Insect venoms**
 - **Drugs**
- **Challenge tests**
 - **Foods**
 - **NSAIDs**
 - **Exercise**

Treatment of Anaphylaxis

- **Immediate treatment with epinephrine imperative**
 - **No contraindications in anaphylaxis**
 - **Failure or delay associated with fatalities**
 - **IM may produce more rapid, higher peak levels vs SC**
 - **Must be available at all times**
- **Antihistamine (oral or parenteral; if oral, use liquid or chewable tablet)**
- **Call 911; proceed to Emergency Room**