

All patients prescribed a AAI need to be referred to secondary care (outpatient unless current anaphylaxis 999)

Mild/Moderate	Severe
 Symptoms: Swollen lips, face or eyes, Itchy/tingling lips or mouth Urticaria or itchy skin rash Abdominal pain or vomiting Sudden change in behaviour WITH no progression or red signs/symptoms 	 Any evidence of severe reaction/anaphylaxis – check ABC symptoms. Airway - hoarse voice/cry, persistent cough, stridor, excessive drooling, difficulty swallowing, swollen tongue Breathing – wheeze, cyanosis, breathlessness/increased work of breathing Circulation and consciousness- pale, floppy, dizzy, unusually and profoundly sleepy, loss of consciousness, tachycardia, hypotension

- 1. Provide written emergency plan Paediatric Allergy Action Plans BSACI
- 2. Prescribe AAI in patients with asthma requiring regular preventor treatment with significant food allergy (not Pollen-Food Syndrome)
- 3. Consider AAI in: If unsure request Advice & Guidance via ERS
 - 1. Children who are allergic to high-risk allergens, for example nuts with other risk factors (such as adolescence), even if the reaction was relatively mild
 - 2. Children who had a reaction in response to trace amounts of allergen/trigger
 - 3. Children who cannot easily avoid the allergen (e.g. foreign travel with commonly encountered food)
 - 4. Children with significant co-factors (e.g. asthma in food allergy)

AAI RECOMMENDED

Prescribe minimum 2 Adrenaline autoinjectors Provide written emergency plan Paediatric Allergy Action Plans – BSACI

AAI are not required for avoidable causes of anaphylaxis e.g. parenteral drug, oral prescription-only drugs, some occupational triggers

- if unsure request Advice & Guidance via ERS

This guideline involved extensive consultation with healthcare professionals in SWLondon

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer. January 2025 Review Date January 2028



If Prescribing an AAI

- 1. Also prescribe antihistamine
 - Chlorphenamine prn if under 1 years or Cetirizine prn if 1 or over as per BNFC.
- 2. Prescribe Adrenaline Autoinjector as per cBNF advice
 - 2 pens should be available at all times.

- Emphasise importance of in date pens and training. Adrenaline autoinjector relevant training videos and to order practice pens: <u>How adrenaline treats anaphylaxis | Anaphylaxis UK | Anaphylaxis UK</u>

- **3.** Provide an appropriate <u>Paediatric Allergy Action Plans BSACI</u> and advise avoidance of allergen.
- 4. Optimise asthma treatment and other co-morbidities such as allergic rhinitis and/or eczema.
- 5. Outpatient referral to local Paediatric department.
- 6. Additional GP guidance on how to prescribe AAI

-BSACI-AAI-Guidance for primary care-June-2023.pdf

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