Information for Health Professionals

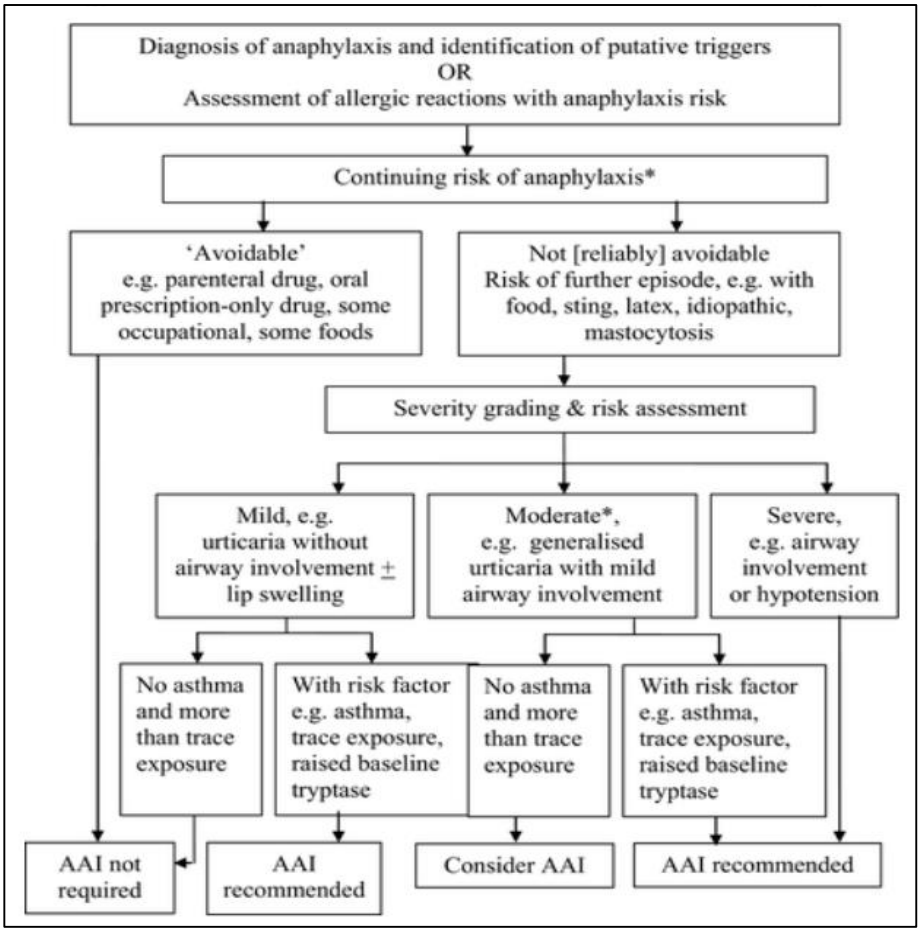
Risk Assessment for Prescription of an Adrenaline Auto-Injector (AAI)

The following tables highlight important considerations when establishing if Adrenaline Auto-injector provision is required.

Table 1: Indications for prescription of an adrenaline autoinjector. Adapted from *Muraro et al. EAACI Food Allergy & Anaphylaxis Guidelines Group. Anaphylaxis: guidelines from the European Academy of Allergy and Clinical Immunology. Allergy. 2014 Aug;69(8):1026-45* [1]

Absolute Indications:	• Previous anaphylaxis triggered by food, latex or aeroallergens • Previous exercise induced anaphylaxis • Previous idiopathic anaphylaxis • Co-existing unstable or moderate to severe, persistent asthma and a food allergy* • Venom allergy in children with more than cutaneous/mucosal systemic reactions. • Underlying mast cell disorders or elevated baseline serum tryptase concentrations together with any previous systemic allergic reaction to insect stings, even in Venom Immunotherapy-treated patients.
Consider prescribing when:	• Previous mild to moderate allergic reaction* to peanut and/or tree nut • Teenager or young adult with a food allergy* • Remote from medical help and previous mild to moderate allergic reaction to a food, venom, latex or aeroallergens. • Previous mild to moderate reaction to traces of food*
Notes: * Excluding pollen food syndrome (oral allergy syndrome)	

Figure 1: When to prescribe adrenaline autoinjector (AAI) for patient administration. From *Ewan et al. BSACI guideline: Prescribing an adrenaline auto-injector, Clinical & Experimental Allergy, 2016 (46) 1258–1280* [2].



* In the absence of additional risk factors.

* GI symptoms in infants and young children do not usually required AAI.

Document created by Dr Rachel Lee (October 2020)

Table 2: Factors to consider when making a risk assessment. From: ***Ewan et al. BSACI guideline: Prescribing an adrenaline auto-injector, Clinical & Experimental Allergy, 2016 (46) 1258– 1280*** [(2)]

Factor	Examples influencing risk
Previous reactions	• Severity • Amount of allergen and route of exposure • Type of allergen • Rapidity of onset • Age: teenagers/young adults (food allergy)
Allergen and/or likelihood of recurrence	• Ease of avoidance • Risk of severe reaction • Idiopathic anaphylaxis
Comorbidities	• Asthma control • Raised baseline serum tryptase/mast cell activation disorder/mastocytosis
Presence of serum-specific IgE to epitopes associated with severe reactions	• Peanut Ara H1/ Ara H2/ Ara H3/ Ara H9
Medication	• Betablockers, ACE inhibitors
Occupational risk Venom Allergy Inhalant antibiotic allergy	 • Bee keeper, beekeeper's family or neighbour, roofer, gardener, jam worker, fruit picker, bakery worker • Nurse, pharmacist
Remoteness from medical help	• Rural location, travel abroad or hobby (sailing, mountain climbing)
Social and personal circumstances	• Single parent with young children, living alone

References:

1) Muraro A, Roberts G, Worm M, Bilò MB, Brockow K, Fernández Rivas M, Santos AF, Zolkipli ZQ, Bellou A, Beyer K, Bindslev-Jensen C, Cardona V, Clark AT, Demoly P, Dubois AE, DunnGalvin A, Eigenmann P, Halken S, Harada L, Lack G, Jutel M, Niggemann B, Ruëff F, Timmermans F, Vlieg-Boerstra BJ, Werfel T, Dhami S, Panesar S, Akdis CA, Sheikh A; EAACI Food Allergy and Anaphylaxis Guidelines Group. Anaphylaxis: guidelines from the European Academy of Allergy and Clinical Immunology. Allergy. 2014 Aug;69(8):1026-45.

1. Ewan, P., Brathwaite, N., Leech, S., Luyt, D., Powell, R. J., Till, S., Nasser, S. and Clark, A.. BSACI guideline: Prescribing an adrenaline auto-injector, *Clinical & Experimental Allergy*, 2016 (46) 1258– 1280.