Managing allergy, anaphylaxis: AAP releases customizable emergency plan
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For the first time, the Academy is presenting a written emergency plan for allergy and anaphylaxis that can be individualized for use by patients, families, health care professionals and schools. The plan is included in one of two clinical reports from the Section on Allergy and Immunology that aim to enhance the care of children at risk for allergic reactions.

The Allergy and Anaphylaxis Emergency Plan is a customizable PDF available at www.aap.org/aaep. It also is incorporated in the clinical report Guidance on Completing a Written Allergy and Anaphylaxis Emergency Plan, which is available at http://pediatrics.aappublications.org/content/early/2017/02/09/peds.2016-4005 and will be published in the March issue of Pediatrics.

Benefits of the plan

The emergency plan was created with the support and advice of multiple AAP committees, councils and sections, and was evaluated to ensure it meets health literacy recommendations.

For patients at risk for anaphylaxis, the provision of emergency action plans and prescriptions for epinephrine auto-injectors are recommended by national and international anaphylaxis guidelines, as well as several AAP clinical reports and policies (see resources). The key to managing allergic reactions, including anaphylaxis, is the recognition of the signs and symptoms and prompt initiation of treatment.

Numerous studies have noted that patients, families and schools are not prepared to manage allergic reactions. Thus, a standardized, written allergy and anaphylaxis emergency plan is an essential component of the clinical care of these patients. Currently, several anaphylaxis action plans are available, but their use by health care professionals varies. An objective of the AAP emergency plan is to promote greater familiarity with and utilization of a single plan to improve patient care.

Health care providers should develop these individualized plans with their patients and families and counsel them on the importance of sharing the plans with family and nonfamily caregivers and school personnel.

Using the plan

Since allergic reactions can be unpredictable, the treatment pathways outlined in the plan cover mild to severe reactions. The plan emphasizes that if there is any uncertainty about the severity of an allergic reaction, epinephrine should be used promptly since this life-saving medication is the first-line treatment for anaphylaxis.

The plan also allows for the use of other medications (if desired and permitted by school or local policies) for the initial management of mild allergic reactions that are not anaphylaxis. For those with a history of near-fatal anaphylaxis or other risk factors for severe anaphylaxis, the plan can indicate that epinephrine should be used at the first sign of any symptom. Scenarios in which to consider these options are further discussed in the clinical report.

The form also includes appropriate medication dosages and indications for additional medications such as a second dose of epinephrine. In addition, instructions for contacting emergency medical services and monitoring for progression of symptoms are included.

The written plan is only one aspect of comprehensive management of allergy and anaphylaxis. General
education and planning for prevention, recognition and management of anaphylaxis also are needed.

Updates on epinephrine for anaphylaxis

The importance of epinephrine for treatment of anaphylaxis is discussed in *Epinephrine for First-Aid Management of Anaphylaxis*. The updated clinical report is available at [http://pediatrics.aappublications.org/content/early/2017/02/09/peds.2016-4006](http://pediatrics.aappublications.org/content/early/2017/02/09/peds.2016-4006) and also is slated for the March issue of *Pediatrics*.

The epinephrine report includes the following updates:

- Validated clinical criteria are available to help facilitate the diagnosis of anaphylaxis.
- Prompt treatment of anaphylaxis with epinephrine is associated with reduced hospitalization, morbidity and mortality.
- Prescription of epinephrine auto-injectors facilitates the timely use of epinephrine for anaphylaxis in the community setting.
- The favorable benefit-to-risk ratio for the prescription of the 0.15 milligram epinephrine auto-injector for infants down to 7.5 kilograms is discussed.
- Collaboration among health care providers, patients and their families, school personnel and other community members can promote better care of children at risk for anaphylaxis.

*Dr. Wang, a lead author of the clinical report on the emergency plan, is a member of the AAP Section on Allergy and Immunology Executive Committee.*

**Resources**

- AAP clinical report "Management of Food Allergy in the School Setting" (2010)
- AAP policy statement "Medical Emergencies Occurring at School" (2008)