

Anaphylaxis

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about the care of adults, young people and children following emergency treatment for a suspected anaphylactic reaction (also called a severe allergic reaction) that is set out in NICE clinical guideline 134.

Does this information apply to me?

Yes, if you are:

- an adult, young person or child who has received emergency treatment for a suspected anaphylactic reaction or a severe allergic reaction
- at risk of further anaphylactic reactions.

No, if you are an adult, young person or child who is receiving emergency treatment for conditions other than suspected anaphylaxis.

Your care

If you think that your care (or your child's care) does not match what is described in this information, please talk to a member of your healthcare team in the first instance.

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the [NHS Constitution](#). All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain anaphylaxis and its possible treatments and medical care. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. It should also take into account whether you have any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

Your family and carers should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care. If you have made an 'advance decision' (known as a 'living will' in the past) in which you have already given instructions about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the [Department of Health's advice on](#)

consent and the code of practice for the Mental Capacity Act. In Wales healthcare professionals should follow advice on consent from the Welsh Government.

If you are under 16, your parents or carers will need to agree to your treatment, unless it is clear that you fully understand the treatment and can give your own consent. In an emergency, healthcare professionals may give treatment immediately, without obtaining your informed consent, when it is in your best interests. In the case of children, if the person with parental responsibility cannot be contacted, healthcare professionals may give treatment immediately when it is in the child's best interests.

Anaphylaxis

Anaphylaxis is a serious allergic reaction that happens quickly and can lead to potentially life-threatening problems with breathing or blood circulation. Most patients also have a rash (redness of the skin and/or hives) or swelling. Well-known causes of anaphylaxis include food (for example, nuts) and insect venom. Allergic reactions to drugs or, less commonly, latex may also result in anaphylaxis. Food is a particularly common trigger in children, while drugs are much more common triggers in older people. In a large number of cases, especially in adults, there is no identifiable cause and this is known as idiopathic anaphylaxis.

After an anaphylactic reaction, there is often a risk of this happening again in the future. Further investigation is therefore needed in all cases to try to identify the cause and assess the risk of the person having another anaphylactic reaction.

In a severe allergic reaction, cells called 'mast cells' start to rapidly release chemicals into the circulation, from where they are rapidly carried throughout the body. These chemicals include histamine, which is responsible for many of the symptoms of an allergic reaction, and an enzyme called tryptase. Taking blood samples at the time of the anaphylactic reaction enables the amount of tryptase released from the mast cells to be measured later. This can then help to confirm whether you (or your child) had an anaphylactic reaction.

Confirming the anaphylactic reaction

After emergency treatment, the doctor should ask questions about the reaction to confirm whether or not it was an anaphylactic reaction. He or she should ask when the reaction began, about the symptoms, their sequence and progress, and what you (or your child)

were doing just before that. They should also examine you (or your child) for visible signs of the reaction.

If the doctor suspects an anaphylactic reaction, he or she should take a blood sample as soon as possible after emergency treatment has started. A second sample should be taken ideally within 1 to 2 hours, but no more than 4 hours, from the onset of the first symptoms. The results can then help a specialist decide whether you have had an anaphylactic reaction. In children younger than 16 years, the same blood samples might be required if the cause of the reaction is thought to be venom-related (wasp or bee stings), drug-related, or if there is no immediately identifiable cause.

The doctor should tell you that another blood sample may be needed at the appointment with the specialist allergy service, so that your (or your child's) normal tryptase level can be measured (see [after emergency treatment](#)).

Questions that you might like to ask

- Can you tell me more about the anaphylactic reaction and what happened?
- Is it possible to confirm what caused the reaction? Where might I (or my child) be sent to have this tested?
- Can future anaphylactic reactions be avoided?
- What should I do if another reaction happens?
- Are there any support organisations?

Care of adults and young people aged 16 years or older

After emergency treatment for a suspected anaphylactic reaction, you should remain under clinical observation for 6 to 12 hours from when the reaction began. If the allergic reaction is controlled quickly and easily, you may be allowed to leave hospital sooner.

Care of children (younger than 16 years)

If your child has had emergency treatment for a suspected anaphylactic reaction, he or she should be admitted to hospital under the care of a paediatric medical team.

After emergency treatment

After emergency treatment, you (or your child) should be offered a referral to a specialist allergy service. Where possible, this should be an age-appropriate specialist allergy service. The allergy service should be made up of healthcare professionals who can investigate, diagnose, monitor and manage suspected anaphylaxis, and provide information and education about it.

Immediately following on from the emergency treatment and before you are sent home, you should be offered a special device for injecting adrenaline (called an adrenaline injector) for emergency use in case you (or your child) have another reaction before the specialist allergy service appointment. You should be given a prescription for 2 of these, so you always have a backup, and you should be told to carry them with you at all times.

Before you leave the hospital you should also be offered information about anaphylaxis (including the signs and symptoms of an anaphylactic reaction), how to tell if you (or your child) might be having an anaphylactic reaction and what to do if an anaphylactic reaction occurs (use the adrenaline injector and call an ambulance). You should also be shown how to use the adrenaline injector correctly, and be advised about when to use it. You should also be given advice about how to avoid the suspected trigger (if known).

You should also be offered information about:

- the small risk of a biphasic reaction, which is when the symptoms of an allergic reaction go away but come back some hours later
- why a referral to a specialist allergy service is needed and information about the referral process
- patient support groups.

Questions that you might like to ask

- Can you tell me more about the referral?
- Please give me more details about the further tests that might be needed.
- How soon can these further tests be done and how long will it take to get the results?
- What happens if the tests are negative?
- Please tell me more about adrenaline injectors.

More information

The organisations below can provide more information and support for people who have had a suspected anaphylactic reaction or a severe allergic reaction. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- The Anaphylaxis Campaign, 01252 542029 www.anaphylaxis.org.uk
- Allergy UK, 01322 619898 www.allergyuk.org
- Latex Allergy Support Group, 07071 225838 www.lasg.org.uk

You can also go to [NHS website](#) for more information.

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