

# OFCs and Anaphylaxis prep



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# OFCs are necessary if providing OIT, but can be difficult

- Anaphylaxis management is part of life for an OIT provider
- Higher reaction rates than OIT updoes by a significant factor
- Heavy commitment of staff resources
- Anxiety is virtually a universal component of OFCs
- Many false positives, globus sensation, tight chest, abd pain
- Sophistication required in assessing for true anaphylactic reactions
- Staff must be knowledgeable, confident, empathetic, reassuring

# Preparation for OFCs

- Clinical staff assesses likelihood of passing
- History, skin tests, Immunocap and components
- PN or TN IgE ratio to total IgE calculated
- BAT testing can be a resource if readily available

7 yo with topical peanut butter reaction age 3, dx allergic, avoiding

No interval peanut accidents, carries emergency meds

Skin test 4 mm, PN IgE 3.6, Ara h2 0.9, Ara h8 2.3, total IgE 480

Likely estimate of passing: ?

# Preparation for OFCs

3 yo scattered hives with Early Intro peanut age 6 mos

Diagnosed allergic ST 8mm, PN IgE 3.6, Total IgE not done, avoiding

No interval accidents

Mom wants OIT, dad unsure if still allergic, besides it was “just hives”

ST 5mm, PN IgE 1.0, Ara h2 0.5, Ara h8 0.3, Total IgE 25

Likely estimate of passing: ?

# OFCs are important for PN/TN Early Intro and LEAP

- After passing an OFC the pt is still considered sensitized
- We then recommend regular ingestion of PN per LEAP
- Particularly important in patients planning OIT

PN and TN allergic patients should be eating regularly the nuts to which they are not allergic

# OFCs can be viewed positively even if failed

- Confirmation of diagnosis can be of value
- Demonstration of anaphylaxis management can be helpful
- Seeing rapid epi response can be positive for parents
- Experiencing rapid epi response can be empowering for patients

# Anaphylaxis prep for OFCs and beyond

- Anaphylaxis Action Plans
  - Should be easy to process
  - Imagine a camp counselor or grandfather first timer
  - Unambiguous, efficient
- Anaphylaxis prep for OFCs

# Anaphylaxis prep for OFCs and beyond

**FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

**Extremely reactive to the following allergens:** \_\_\_\_\_

Therefore:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

**FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS:**

 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Fainting, something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION of symptoms from different body areas.</b>

**1. ADMINISTER EPINEPHRINE IMMEDIATELY.**

**2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

Consider giving additional medications following epinephrine:

- Antihistamine
  - Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg (N) (intramuscular)  0.15 mg (M)  0.3 mg (M)  1 mg (N) (intravenous)  2 mg (N)

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler bronchodilator if wheezing): \_\_\_\_\_

Patient may self-care  Patient may self-administer

**FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

**HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO**

- Remove AuvI-Q from the outer case. Pull off red safety guard.
- Place black end of AuvI-Q against the middle of the outer thigh.
- Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
- Call 911 and get emergency medical help right away.

**HOW TO USE EPINEPHRINE, EPINEPHRINE AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPENAL, USP AUTO-INJECTOR, VIATRIS AUTO-INJECTOR, VIATRIS)**

- Remove the EpiPen® or EpiPen J® Auto-Injector from the clear carrier tube.
- Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
- Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

**HOW TO USE IMPAKX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS**

- Remove epinephrine auto-injector from its protective carrying case.
- Pull off both blue end caps; you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
- Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
- Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.

**HOW TO USE TEVA'S GENERIC EPINEPHRINE (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES**

- Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
- Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
- Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
- Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

**ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:**

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
- If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

**HOW TO USE NEFFY® (EPINEPHRINE NASAL SPRAY)**

- Remove neffy from packaging. Pull open the packaging to remove the neffy nasal spray device.
- Hold device as shown. Heat the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle. Do not pull or push on the plunger. Do not test or prime (pre-spray). Each device has only 1 spray.
- Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead. Do not point (up) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.
- Press plunger up firmly until it snaps up and sprays liquid into the nostril. Do not sniff during or after the dose is given. If any liquid drips out of the nose, you may need to give a second dose of neffy after checking for symptoms.
- If symptoms don't improve or worsen within 5 minutes of initial dose, administer a second dose into the same nostril with a new neffy device.

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

**EMERGENCY CONTACTS — CALL 911**

RESCUE SQUAD	PHONE	NAME RELATIONSHIP	PHONE
EMERGENCY	PHONE	NAME RELATIONSHIP	PHONE
EMERGENCY	PHONE	NAME RELATIONSHIP	PHONE

**OTHER EMERGENCY CONTACTS**

NAME RELATIONSHIP	PHONE
NAME RELATIONSHIP	PHONE
NAME RELATIONSHIP	PHONE

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# Anaphylaxis prep for OFCs

- Emergency meds can be prepared before starting OFC
- At a minimum have in a designated location, readily available
- Confirmation of weight for med dosing
- Communication amongst staff if a symptom develops
- Sitewide awareness if a reaction is confirmed
- Single clinical staff member takes primary responsibility
- Anaphylaxis drills can improve reaction management

# Anaphylaxis treatment protocols are evolving

- Epi with 1st or 2nd symptom?
- Do antihistamines mask symptoms or treat them?
  - Has Zyrtec replaced Benadryl?
- Do all reactions requiring epi need to be seen in the ED?
  - Epi = ED seems wise if the allergist is not available 24/7
  - Unintended consequence tends to be delayed use of epi
  - Pandemic caused us to re-evaluate use of Emergency Dept
- When are H2 blockers indicated?
- Are corticosteroids appropriate in certain scenarios?

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