OFCs and Anaphylaxis prep

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Objectives

1. Utility of OFCs among OIT Providers
2. Qualifications
3. Preparing patients
4. Office readiness
5. Anaphylaxis and FPIES Management
6. Learning lessons from Failed OFCs

Utility of OFCs among OIT Providers

- Facilitate LEAP
- Confirm diagnosis
- Assess eliciting dose

Qualifications for OFCs

- Review history, skin tests, ImmunoCAP with components
- Calculate specific to total IgE ratio
- BAT testing can be a resource if readily available
- Assess likelihood of passing

Preparing Patients for OFCs

- Healthy and all other atopic conditions controlled
- Food to bring - form matters
- Taste/texture aversions
- OAS
  - Do not stop antihistamines before OFCs
- Anxiety/behavioral considerations
- Developmental considerations
  - Readiness for table foods, bottle, etc.
  - Nap schedule
- Topical reactions
  - Aquaphor, prefer skin covered, change of clothes

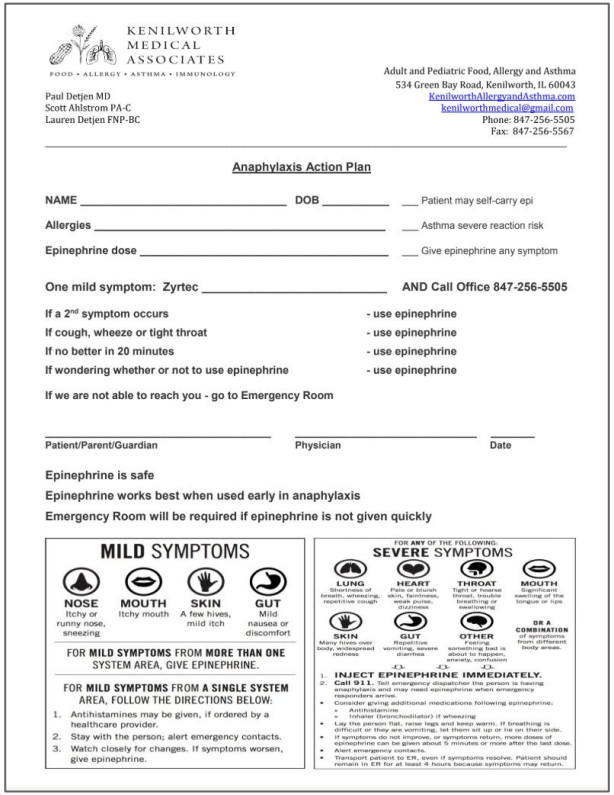
Office Readiness

- Scheduling and room availability
- Staffing ratios
- Medications and supplies to have available, spirometry/FeNO if able
- Staff must be knowledgeable, confident, empathetic and reassuring
- Staff training:
  - Dose administration
  - Mitigating barriers
  - Reaction management

Anaphylaxis Management

- Staff awareness
  - Food protein goal, timeline of doses, patient's weight and anticipated emergency med doses if reaction
- All hands on deck, but one clinical staff member takes responsibility for running AAP
- Anaphylaxis drills improve reaction management
- Anaphylaxis action Plan
- Role for H2 blockers and OCS in anaphylaxis
- Does Epi = ER?

AAP



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Anaphylaxis Action Plan

NAME _____ **DOB** _____ ___ Patient may self-carry epi

Allergies _____ ___ Asthma severe reaction risk

Epinephrine dose _____ ___ Give epinephrine any symptom

One mild symptom: Zyrtec _____ **AND Call Office 847-256-5505**

If a 2nd symptom occurs - use epinephrine
If cough, wheeze or tight throat - use epinephrine
If no better in 20 minutes - use epinephrine
If wondering whether or not to use epinephrine - use epinephrine

If we are not able to reach you - go to Emergency Room

_____ _____ _____
Patient/Parent/Guardian **Physician** **Date**

Epinephrine is safe
Epinephrine works best when used early in anaphylaxis
Emergency Room will be required if epinephrine is not given quickly

MILD SYMPTOMS

NOSE Itchy or runny nose, sneezing
MOUTH Itchy mouth
SKIN A few hives, mild itch
GUT Mild nausea or discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

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

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

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS

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

1. **INJECT 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.

FPIES Management

- Early morning OFCs
- Zofran and prednisolone available
- Oral rehydration
- Low threshold ER
- Potential to initiate both AAP and FPIES action plan if suspect IgE and FPIES

Learning Lessons from Failed OFCs

- First time epi users
- Reaction recognition
- Topical vs OAS vs Rxn vs Anxiety
- Readiness for OIT - pathway to Mock OIT

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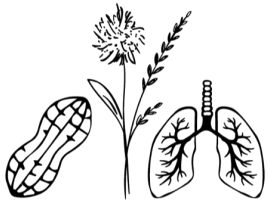

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