

How can you be **S.A.F.E.**?

Allergists and emergency physicians have teamed up to create S.A.F.E., a guide to help you manage allergic emergencies.

Seek immediate medical help

Call 911 and get to the nearest emergency facility at the first sign of anaphylaxis, even if you have already administered epinephrine. If you have had an anaphylactic reaction in the past, you are at risk of future reactions.

Identify the **Allergen**

Think about what you might have eaten or come in contact with – food, insect sting, medication or latex – to trigger an allergic reaction. It is particularly important to identify the cause, when possible, because the best way to prevent anaphylaxis is to avoid allergic triggers.

Follow up with a specialist

Ask your doctor for a referral to an allergist/immunologist, a physician who specializes in treating asthma and allergies. It is important that you consult an allergist for testing, diagnosis and ongoing management of your allergic disease.

Carry **Epinephrine** for emergencies

Kits containing fast-acting, self-administered epinephrine are commonly prescribed for people who are at risk of anaphylaxis. Make sure that you carry an epinephrine kit with you at all times, and that family and friends know of your condition, your triggers and how to use epinephrine. Consider wearing an emergency medical bracelet or necklace identifying yourself as a person at risk of anaphylaxis. Teachers and other caregivers should be informed of children who are at risk for anaphylaxis and know what to do in an allergic emergency.

How can you learn more?

The American College of Allergy, Asthma and Immunology (ACAAI) has additional information for consumers. The more you know about your condition, the more able you will be to prevent or minimize future reactions. For information on allergies and asthma, go to www.acaai.org and click on the patient education page. There you will find information on anaphylaxis prevention tips, other allergy facts and an easy-to-use allergist locator. The American College of Emergency Physicians (ACEP) also has additional information on emergency preparedness. Go to www.acep.org and click on the patients and consumers page, where you will find information on a variety of health topics, including tips on what to do in a medical emergency.

You can also find additional patient education resources on the following Web sites:

- **Food Allergy and Anaphylaxis Network**
www.foodallergy.org
- **MedicAlert**
www.medicalert.org
- **The American Latex Allergy Association**
www.latexallergyresources.org

The information in this brochure was developed with input from allergists and emergency physicians representing ACAAI and ACEP.

ACAAI American College
of Allergy, Asthma
& Immunology

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 American College of
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ADVANCING EMERGENCY CARE 

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Be **S.A.F.E.** Managing **Allergic Emergencies** (Anaphylaxis)



More than **50 million** Americans suffer from some type of allergy.

While the condition often makes people miserable, it's rarely dangerous unless it results in an allergic emergency.

Then, **allergies can be deadly.**

If you are at risk of a severe allergic reaction, you should know the four steps to manage your condition and keep you



What is an allergic emergency?

The medical term for an allergic emergency is anaphylaxis. The condition is as serious as it sounds. Anaphylaxis is a life-threatening, severe allergic reaction that comes on suddenly and may affect many parts of the body at once.

Who is at risk?

People who have allergies and/or asthma are at increased risk, but anyone can have a severe allergic reaction.

What are the symptoms?

- Hives, itchiness and redness on the skin, lips, eyelids or other parts of the body
- Wheezing and/or difficulty breathing
- Swelling of the tongue, throat and nose
- Nausea, stomach cramping and vomiting or diarrhea
- Dizziness and fainting or loss of consciousness, which can lead to shock and heart failure

Some or all of these symptoms can occur within minutes after exposure, or may develop up to two hours later. Sometimes a second reaction may occur eight to 12 hours after the first. The sooner the reaction is treated, the less severe it is likely to become.

What are the causes?

The most common triggers of an allergic emergency include:

- **Food.** Peanuts, tree nuts (almonds, pecans, cashews, walnuts), fish, shellfish, cow's milk and eggs top the list among food triggers, causing about half of all cases of anaphylaxis each year. Peanut or tree nut allergies are the most common. Each year, about 100 Americans die from food-related anaphylaxis.
- **Insect sting.** More than 500,000 Americans go to hospital emergency rooms each year because of allergic reactions to stings from insects such as bees, wasps, hornets, yellow jackets and fire ants. Insect stings cause at least 40 deaths in the United States each year.
- **Medication.** Penicillin is the medication that most commonly causes anaphylaxis, but other drugs such as aspirin, anesthetics, antibiotics and pain relievers like ibuprofen also can cause a reaction.
- **Latex.** Up to 6 percent of Americans are allergic to the latex used in disposable gloves, intravenous tubes, syringes and other products, with health care workers, other workers who routinely wear gloves and children with spina bifida at greatest risk of latex-induced anaphylaxis.

How is it treated?

Most severe allergic emergencies or anaphylactic reactions are treated with a shot of the anti-allergy drug epinephrine (adrenaline). Other treatments also may be needed depending on the symptoms.