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Anaphylaxis

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Diagnosis

Your provider might ask you questions about previous allergic reactions, including whether you've reacted to:

- Particular foods
- Medications
- Latex
- Insect stings

To help confirm the diagnosis:

- You might be given a blood test to measure the amount of a certain enzyme (tryptase) that can be elevated up to three hours after anaphylaxis

Feedback

- You might be tested for allergies with skin tests or blood tests to help determine your trigger

Many conditions have signs and symptoms similar to those of anaphylaxis. Your provider might want to rule out other conditions.

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Treatment

During an anaphylactic attack, you might receive cardiopulmonary resuscitation (CPR) if you stop breathing or your heart stops beating. You might also be given medications, including:

Feedback

- **Epinephrine (adrenaline)** to reduce the body's allergic response
- **Oxygen**, to help you breathe
- **Intravenous (IV) antihistamines and cortisone** to reduce inflammation of the air passages and improve breathing
- **A beta-agonist (such as albuterol)** to relieve breathing symptoms

What to do in an emergency

If you're with someone who's having an allergic reaction and shows signs of shock, act fast. Look for pale, cool and clammy skin; a weak, rapid pulse; trouble breathing; confusion; and loss of consciousness. Do the following immediately:

- Call 911 or emergency medical help.
- Use an epinephrine autoinjector, if available, by pressing it into the person's thigh.
- Make sure the person is lying down and elevate the legs.
- Check the person's pulse and breathing and, if necessary, administer cardiopulmonary resuscitation (CPR) or other first-aid measures.

Using an autoinjector

Many people at risk of anaphylaxis carry an autoinjector. This device is a combined syringe and concealed needle that injects a single dose of medication when pressed against the thigh. Replace epinephrine before its expiration date, or it might not work properly.

Using an autoinjector immediately can keep anaphylaxis from worsening and could save your life. Be sure you know how to use the autoinjector. Also, make sure the people closest to you know how to use it.

Long-term treatment

If insect stings trigger an anaphylactic reaction, a series of allergy shots (immunotherapy) might reduce the body's allergic response and prevent a severe reaction in the future.

Unfortunately, in most other cases there's no way to treat the underlying immune system condition that can lead to anaphylaxis. But you can take steps to prevent

Feedback

future attack — and be prepared if one occurs.

- Try to stay away from your allergy triggers.
- Carry self-administered epinephrine. During an anaphylactic attack, you can give yourself the drug using an autoinjector.

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Coping and support

Having a potentially life-threatening reaction is frightening, whether it happens to you, others close to you or your child. Developing an anaphylaxis emergency action plan can help put your mind at ease.

Work with your own or your child's provider to develop this written, step-by-step plan of what to do in the event of a reaction. Then share the plan with teachers, babysitters and other caregivers.

If your child has a severe allergy or has had anaphylaxis, talk to the school nurse and teachers to find out what plans they have for dealing with an emergency. Make sure school officials have a current autoinjector.

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By Mayo Clinic Staff

Oct 02, 2021



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Overview

A life-threatening allergic reaction called anaphylaxis can cause shock, a sudden drop in blood pressure and trouble breathing. In people who have an allergy, anaphylaxis can happen minutes after exposure to a specific allergy-causing substance, called an allergen. Sometimes, there may be a delayed reaction, or anaphylaxis may happen without an obvious trigger.

Some common anaphylaxis triggers include:

- Medicines.
- Latex.
- Foods such as peanuts, tree nuts, fish and shellfish.
- Insect stings from bees, yellow jackets, wasps, hornets and fire ants.

When to seek emergency care

If you're with someone having an allergic reaction with signs of anaphylaxis, call 911 or your local medical emergency number right away.

Don't wait to see whether symptoms get better. Seek emergency treatment right away. Severe untreated anaphylaxis can lead to death within half an hour.

Get emergency treatment even if symptoms start to improve. After anaphylaxis, it's possible for symptoms to start again. Being watched in a hospital for several hours most often is needed.

Symptoms

Symptoms of anaphylaxis include:

- Skin reactions, including hives, itching, and skin that becomes flushed or changes color.
- Swelling of the face, eyes, lips or throat.

- Narrowing of the airways, leading to wheezing and trouble breathing or swallowing.
- A weak and rapid pulse.
- Nausea, vomiting or diarrhea.
- Dizziness, fainting or unconsciousness.

Treatment

After you call 911 or your local medical emergency number, do the following:

- Ask if the person is carrying an epinephrine autoinjector (EpiPen, Auvi-Q, others) to treat an allergic attack.
- If the person needs to use an autoinjector, ask whether you should help inject the medicine. This most often is done by pressing the autoinjector against the person's thigh.
- Have the person lie face up and be still.
- Loosen tight clothing and cover the person with a blanket.
- If there's vomiting or bleeding from the mouth, turn the person to the side to prevent choking.
- If there are no signs of breathing, coughing or movement, begin CPR. Keep doing about 100 chest presses every minute until paramedics arrive.

An antihistamine pill, such as diphenhydramine (Benadryl), isn't enough to treat anaphylaxis. These medicines can help relieve allergy symptoms, but they work too slowly in a severe reaction.

What to avoid

Don't give a person who has anaphylaxis anything to drink.

When to call your doctor

If you've had any kind of severe allergic reaction in the past, ask your healthcare professional if you should be prescribed an epinephrine autoinjector to carry with you.

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