

# TRINITY ALLERGY, ASTHMA AND IMMUNOLOGY CARE, P.C.

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### EpiPen



EpiPen is used in the treatment of anaphylaxis. Anaphylaxis is an acute systemic allergic reaction that could potentially result in death. The symptoms of anaphylaxis include itching, flushing, hives and angioedema, cough,

wheezing, difficulty breathing and tightness of the chest, swelling and tightness of the throat, nausea, vomiting, abdominal pain or cramps and diarrhea and or low blood pressure which results in dizziness or fainting. It is not necessary for a patient to experience all of the above symptoms.

The reactions when they appear tend to progress very quickly and could end fatally if appropriate action is not taken. Every patient who is prone to anaphylaxis from foods, medications, insects, latex or from other reasons should have a written anaphylaxis action plan available handy at all times and it should be followed promptly following onset of anaphylaxis.

Anaphylaxis at times could have a biphasic reaction. This means after the acute onset of symptoms and after appropriate treatment, the symptoms may subside. Then the symptoms could come back after several hours. That is why it is very important for the patient to be observed in an emergency room setting for several hours after the onset of anaphylaxis to make sure the symptoms do not recur. Sometimes it may be necessary even to admit the patient in a hospital or to keep the patient in emergency room for 24 hours or longer.

EpiPen is the mainstay of treatment for anaphylaxis and therefore it should be used appropriately as soon as possible. Appropriate and prompt use of EpiPen often could make the difference between life and death. It is also equally important that EpiPen is available handy at all times. The patient as well as other family members should be well versed in using EpiPen. The patient should ask the pharmacist for a dummy EpiPen [without medication and needle] and practice on it periodically to keep your memory alive. If you are not sure, please ask your healthcare provider or the pharmacist to demonstrate to you the use of EpiPen.

EpiPen should be used intramuscularly and not subcutaneously. The best location for using EpiPen is the middle part of outer aspect of the thigh. In an emergency, it can be used through clothes. Under no circumstance, the black tip should be touched or pressed upon; otherwise one may get an accidental injection in the finger which could be very painful. We do not recommend jabbing motion in administering EpiPen. The recommended procedure is, placing the black tip against the middle part of outer thigh after removing the gray cap and pushing the whole unit [and not the white end] towards the thigh until one hears a click. One would simultaneously feel the pain of the needle going through the skin also at the same time. The injection should be held firmly for 10 seconds after this before removing the unit. Small children should be held firmly before administering the injection so that they do not break the needle when used. The used EpiPen should be discarded safely and 911 should be called. The injection works only for 15- 20 minutes and after this, the allergic reaction symptoms could

potentially come back. The patient should always go to the hospital in an ambulance and not by private car because the symptoms could occur during the travel and it would be much more difficult to treat the patient on the road. For some reason, if the ambulance did not arrive on time and the anaphylactic symptoms recurred after 15-20 minutes, the second EpiPen should be used in a similar fashion. For this reason it is important that every patient should carry two EpiPens at all times.

The heat in Arizona can destroy the medicine and therefore the injections should never be left in places such as cars. They can be kept at room temperature and there is no need for refrigeration. 7 out of 10 times the EpiPens do not work if they are expired. Therefore it is very important to check for the expiration date and replace the units appropriately.