

Priority Topic: ALLERGY

Key Features:

1. In all patients, **always inquire** about any allergy and clearly document it in the chart. Re-evaluate this periodically.
2. **Clarify the manifestations** of a reaction in order to try to diagnose a true allergic reaction (e.g., do not misdiagnose viral rashes as antibiotic allergy, or medication intolerance as true allergy).

What you should study:

- ✓ [Penicillin Allergy MAYO 2018](#)
- ✓ [Penicillin Allergy Position Statement 2016](#)
- ✓ [Drug Hypersensitivity Dx Guideline 2015 \(revision planned 2019\)](#)

3. In a patient reporting allergy (e.g., to food, to medications, environmental), ensure that the patient has the **appropriate medication** to control symptoms (e.g., antihistamines, bronchodilators, steroids, an EpiPen).

What you should study:

- ✓ [Food Allergy CMAJ 2016](#) **OR** [Food Allergy NEJM 2017](#)
- ✓ [Urticaria AAFP 2017](#)
- ✓ [Allergic Rhinitis AAFP Summary 2015](#)

4. Prescribe an EpiPen to every patient who has a [history of](#), or is [at risk for](#), anaphylaxis.

What you should study:

- ✓ [Anaphylaxis AAFP 2011](#)

5. Educate appropriate patients with allergy (e.g., to food, medications, insect stings) and their families about the [symptoms of anaphylaxis](#) and the [self-administration of the EpiPen](#) and advise them to return for immediate reassessment and treatment if those symptoms develop or if the EpiPen has been used.

What you should study:

- ✓ [Clinical Criteria and EpiPen Use 2013](#)

6. Advise patients with any known drug allergy or previous major allergic reaction to get a [MedicAlert bracelet](#).

7. In a patient presenting with an anaphylactic reaction:
- a) Recognize the [symptoms and signs](#).
 - b) [Treat](#) immediately and aggressively.
 - c) [Prevent a delayed hypersensitivity reaction](#) through observation and adequate treatment (e.g., with steroids).

What you should study:

- ✓ ED Dx and Tx of Anaphylaxis AAAI 2014
- ✓ Australian Anaphylaxis Guideline 2017

8. In patients with anaphylaxis of unclear etiology, **refer to an allergist** for clarification of the cause.

9. In the particular case of a child with an anaphylactic reaction to food:

a) **Prescribe an EpiPen** for the house, car, school, and daycare.

b) Advise the family to educate the child, teachers, and caretakers about signs and symptoms of anaphylaxis, and about **when and how to use the EpiPen**.

What you should study:

- ✓ ED Treatment of Anaphylaxis in Children CPS 2011
- ✓ Clinical Criteria and EpiPen Use 2013

10. In a patient with unexplained recurrent respiratory symptoms, include allergy (e.g., **sick building syndrome, seasonal allergy**) in the differential diagnosis.