

Title of Document	<b>Anaphylaxis (use of auto injector, Emerade/EpiPen/Jext)</b>		
Name of Department	<b>Clinical Team</b>		

What type of document is this?	<b>Work Instruction (WI)</b>	This is a simple guide to follow in order to complete a particular task	
Which Helping Hands policy/SOP does this WI relate to?	N/A	Index number of policy/SOP	N/A

Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care	People, Performance & Culture	Business Growth

Custodian of document	Clinical Team	Committee/Group responsible for this document	Governance Committee	
Approval date and committee chairperson signature	21.06.23	When is its next scheduled review?	21.06.26	

Who does it apply to?	All staff at the facility / All staff working with clients				
	Does it apply to bank workers?	Yes	Does it apply to agency staff?	No	Does it apply to third party contractors?

Purpose of the Work Instruction	To ensure that all staff who work with customers have competency and knowledge to deal with anaphylaxis and use of auto injector pen				
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## Anaphylaxis Work Instruction

### 1.0 Purpose

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly. It is also known as anaphylactic shock. Signs of anaphylaxis include: itchy skin or a raised, red skin rash, swollen eyes, lips, hands and feet, swelling and/or itching at the point of contact, feeling faint, a spreading rash (urticaria), low blood pressure, difficulty in breathing, a fast heartbeat and a 'feeling of doom'. Anaphylaxis can happen within minutes of contact with the trigger or over several hours. **The use of an adrenaline injector; Emerade®, EpiPen® or Jext® if the person has one will help to reverse the effects of anaphylaxis but there is still a need to call 999 for an ambulance as this is a life-threatening emergency.**

The common causes of anaphylaxis include foods such as peanuts, tree nuts, milk, eggs, shellfish, fish, sesame seeds and kiwi fruit, although many other foods have also been known to trigger anaphylaxis. Some people can react to tiny amounts of food, although this rarely causes a very severe reaction. Non-food causes include wasp or bee stings, natural latex (rubber), and certain drugs such as penicillin. Although rare, aerobic exercise can trigger a severe reaction – either on its own or in combination with other factors such as food or drugs (for example, aspirin). Sometimes the cause of the reaction is not found. Such reactions may be labelled "idiopathic anaphylaxis" (cause unknown). This does not mean the condition is psychological, though emotional stress can sometimes worsen a reaction. If you are allergic to a food, the amount eaten is also important as the more you consume, the worse the reaction is likely to be. The way the allergen is presented in the food is also important. For example, peanut allergens already dissolved in Satay sauce, curry sauce or mayonnaise (or plant allergens in smoothies) can cause throat swelling than when the whole food needs to be chewed first to extract the allergen.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves a difficulty in breathing or affects the heart rhythm or blood pressure. Any one or more of the following symptoms may be present and these are called the A, B, C symptoms.

Airway	Breathing	Circulation/Consciousness
Persistent cough	Difficulty in breathing	Feeling lightheaded or faint
Hoarse voice	Noisy breathing	Clammy skin
Difficulty in swallowing	Wheezing	Confusion
Swollen tongue/lips	(like an asthma attack)	Unresponsive/ unconscious

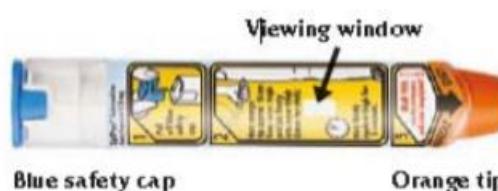


## 2.0 Process

Before use carers should always fully familiarise themselves with the auto-injector pen that their customer uses; EpiPen® Jext® or Emerade®

The carer must remain calm and take a methodical approach, reassuring the customer and trying to keep them calm.

### EPIPEN



- 2.1 Hold the EpiPen® by the middle, never by the ends, never put thumb, fingers or hand over the orange tip.
- 2.2 Do not remove blue safety cap until ready to use.
- 2.3 Grasp the EpiPen® in your dominant hand with the thumb nearest the blue cap and form a fist around the pen, with the orange tip facing downwards.
- 2.4 With the other hand pull off the blue safety cap.
- 2.5 Hold the EpiPen® approximately 10cm from the outer thigh. The orange tip should point towards the outer thigh.
- 2.6 Jab the EpiPen® firmly into the outer thigh at a right angle (90 degrees) and listen for a click.
- 2.7 Hold firmly against the thigh for at least 10 seconds.
- 2.8 Remove the EpiPen® - the orange needle cover will extend to cover the needle. Keep the EpiPen® to one side.
- 2.9 Dial 999 and ask for an ambulance – state “anaphylaxis” even if symptoms appear to be improving.

### JEXT



- 2.10 Grasp the Jext® injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.
- 2.11 Pull off the yellow cap with your other hand



- 2.12 Place the black injector tip against your outer thigh, holding the injector at a right angle (approx 90°) to the thigh
- 2.13 Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend to automatically and hide the needle.
- 2.14 Massage the injection area for 10 seconds.
- 2.15 Dial 999 and ask for an ambulance – state "anaphylaxis" even if symptoms appear to be improving.

#### EMERADE



- 2.16 Remove needle shield
- 2.17 Place and press Emerade against the outer side of the thigh. You will hear a click when the injection goes into the outer thigh.
- 2.18 Hold Emerade against the thigh for about 5 seconds. Lightly massage the injection site afterwards.
- 2.19 Dial 999 and ask for an ambulance – state "anaphylaxis" even if symptoms appear to be improving

Carers should be prepared to administer a second auto-injector pen if the symptoms have not improved or are deteriorating within the first 5-10 minutes of giving an auto-injector pen in the opposite leg. For this reason, there should always be a second auto-injector pen available.

Auto-injector pens should be requested from the GP on prescription as soon possible after use. During out of hours contact NHS 111 and request an emergency prescription.

After the anaphylaxis has been resolved inform the Helping Hands Live in Care Manager or Branch Manager and record all relevant information in the customer visit record notes.

### 3.0 Training

Training is completed online through our learning management system (LMS). Further assessment is then completed by a Regional Clinical Lead to ensure competency in managing the condition. Carers must not independently support a customer who may experience anaphylaxis until they have been deemed competent to support a customer and have been signed off to do so.

***Note – Equality Impact Assessments are not required for Work Instructions***

What was the previous version number of this document?	Version 01
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Changes since previous version	Review by Clinical team, amendment to 1.0	
Author of the document	Clinical Team	
Who was involved in developing / reviewing/ amending this work instruction?	Clinical Nursing Team	
How confidential is this document?	Public	Can be shared freely within and outside of Helping Hands

Associated Documents	Training & Competency Form – Access Care Planning Anaphylaxis Fact Sheet
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