



# Home management of anaphylaxis

## For people with alpha-gal syndrome

An Alpha-gal Information update

# Disclaimer

I am not a physician or medical professional. The information provided in this webinar is for educational purposes only and is not intended to provide individual medical advice. Please consult your healthcare provider for medical advice specific to you. Please read the full disclaimer at the end of this presentation.

Activate EMS=Call 911 (in the U.S.)  
Questions  
Recording and slides

Maybe you hate going to the ER  
as much as I do...

You should go to the ER!



You should go to the ER!



NO!  
'Tis but a scratch!



If so...  
you will want to learn about ...



# NEW guidelines for home management of anaphylaxis...



Under the new guidelines ...  
Home management of anaphylaxis  
may be appropriate



Home management of anaphylaxis

may be appropriate

If very specific

conditions are met



This presentation is designed to help you prepare to talk to your provider about home management of anaphylaxis.



It is NOT a substitute for  
your provider's medical advice!



Home management of anaphylaxis  
**REQUIRES** a plan approved by your  
provider!

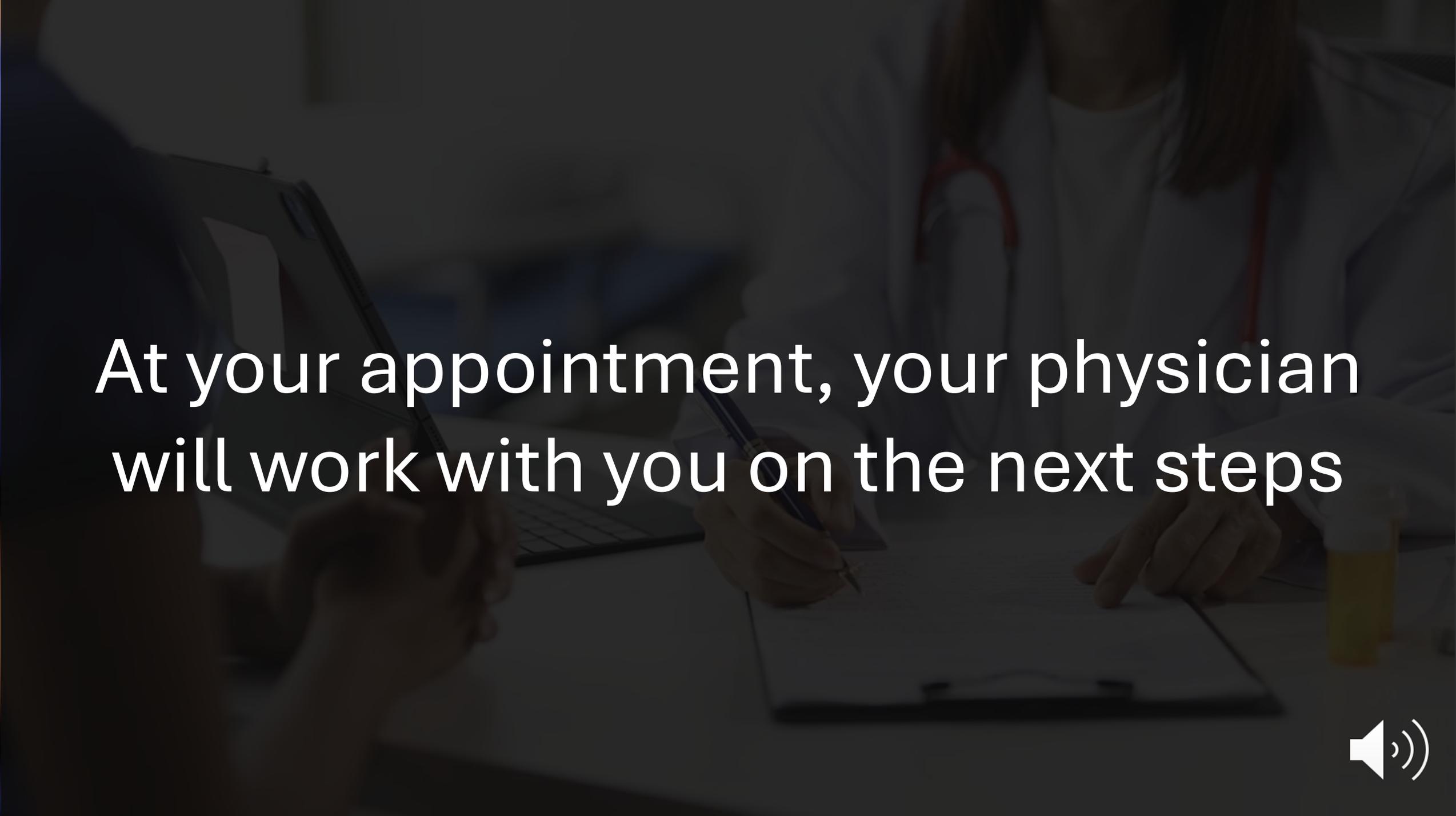


Step #1:

MAKE AN APPOINTMENT WITH  
YOUR PHYSICIAN

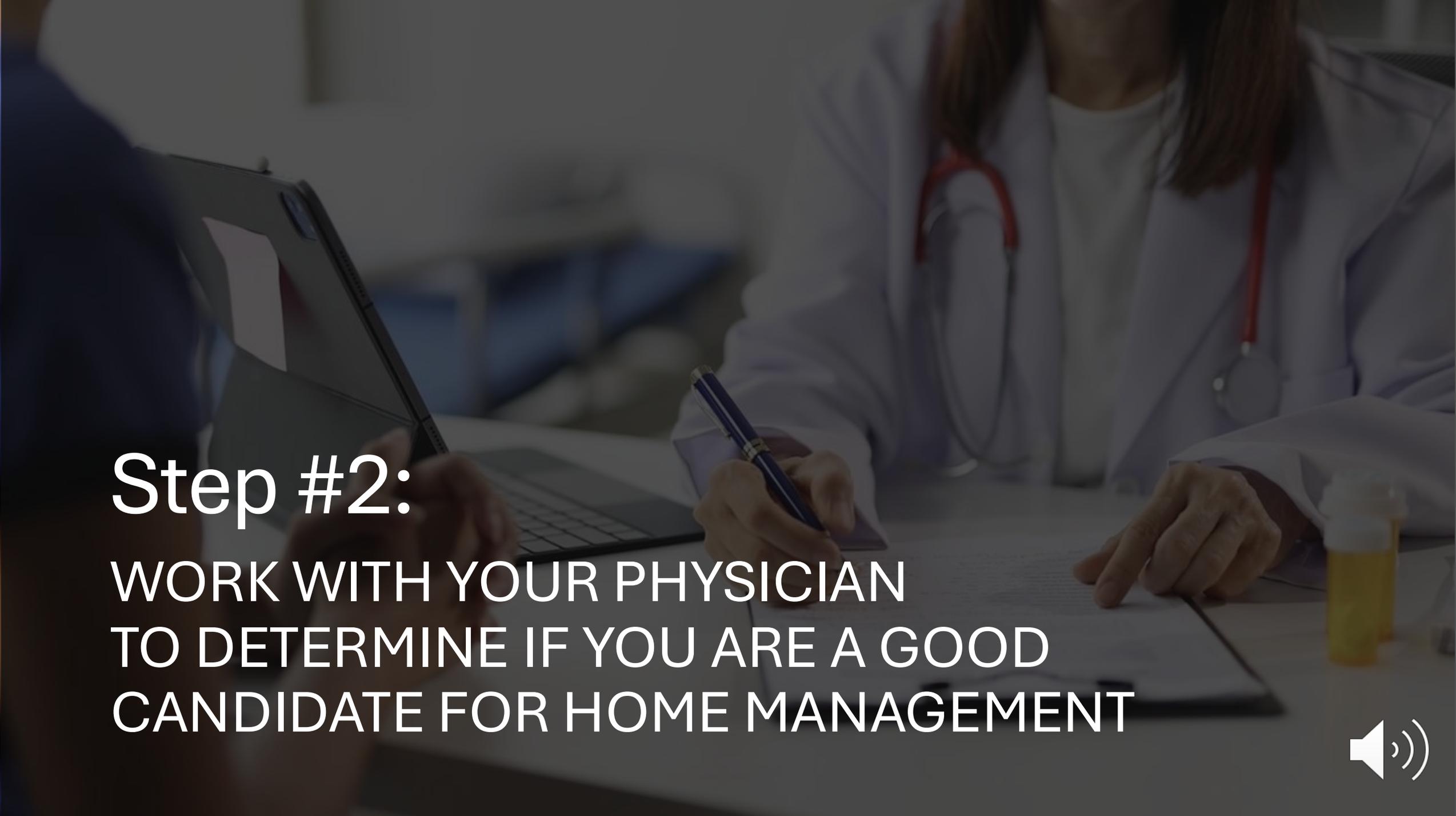
*Appointment*





At your appointment, your physician  
will work with you on the next steps





Step #2:

WORK WITH YOUR PHYSICIAN  
TO DETERMINE IF YOU ARE A GOOD  
CANDIDATE FOR HOME MANAGEMENT



# You are a better candidate if:

- ❖ You are capable or have a caregiver who is
- ❖ You are adherent
- ❖ You have access to at least two doses of epinephrine
- ❖ You have access to emergency medical services



# You are a better candidate if:

- ❖ You are capable or have a caregiver who is
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You are **capable** or have a  
caregiver who is

You are physically, mentally, and emotionally capable of managing anaphylaxis at home.

You know how to carry out the needed steps and are prepared to



You are capable or have a  
caregiver who is

For example,  
a young child with parents  
who are capable



A capable candidate...



# A capable candidate...

- ❖ Understands the risks vs benefits of home management

- ❖ Can understand and follow an anaphylaxis emergency care plan

- ❖ Knows how to recognize and respond to anaphylaxis, including:

- ❖ Knows how to recognize and respond to anaphylaxis, including:

It is your doctor's job to explain the risks and benefits specific to YOU, based on your clinical history and needs

You understand what you are taking on



# A capable candidate...

- ❖ Understands the risks vs benefits of home management
- ❖ **Can understand and follow an anaphylaxis emergency care plan**
- ❖ Knows how to recognize anaphylaxis
- ❖ Knows how to respond to anaphylaxis, including:
  - When to administer epinephrine (symptoms)
  - How to administer epinephrine
- ❖ Is not hesitant to administer epinephrine



# A capable candidate...

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  - How to administer epinephrine
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  - How to administer epinephrine
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- ❖ Knows how to respond to anaphylaxis, including:
  - When to administer epinephrine
  - How to administer epinephrine
- ❖ Is not hesitant to administer epinephrine**



Maybe you don't feel  
capable...



A close-up portrait of a man with a beard and a yellow beanie, looking directly at the camera with wide, surprised eyes. The background is a solid blue color.

But you can become more  
capable!



# Take this course!



🏠 / Our Initiatives ↓ / FARE Training - Food Allergy Academy ↓ / Recognizing & Responding to Anaphylaxis

FARE TRAINING

## Recognizing & Responding to Anaphylaxis

Anaphylaxis can happen at any time. Make sure you're prepared to save a life by taking this free course.



# *Review these resources!*

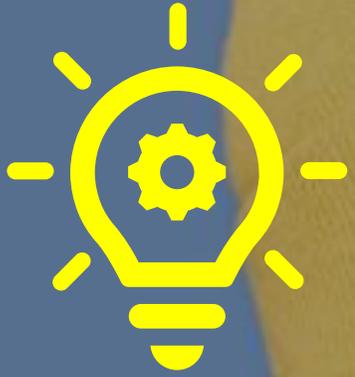


**Anaphylaxis Resources**  
For patients with alpha-gal syndrome (AGS)

Seek medical attention.

Symptoms of AGS    Anaphylaxis 101    Epinephrine autoinjectors    How to use epinephrine autoinjectors    Neffy





Gee whiz, I am  
so much more  
capable now!



# You are a better candidate if:

- ❖ You are capable or have a caregiver who is
- ❖ You are adherent
- ❖ You have access to at least two doses of epinephrine
- ❖ You have access to emergency medical services



# You are a better candidate if:

- ❖ You are capable or have a caregiver who is
- ❖ **You are adherent**
- ❖ You understand the risks and benefits of home care
- ❖ You have access to at least two doses
- ❖ You have access to emergency services

You can be trusted to stick to a plan that you and your doctor agree to



An adherent candidate...



# An adherent candidate...

- ❖ Follows their physician's advice
- ❖ Takes medication needed to control their chronic conditions
- ❖ Sticks to the anaphylaxis emergency care plan they made with their physician, for example, they:
  - Keep epinephrine with them *at all times*
  - Do NOT hesitate to use epinephrine *at the first sign of anaphylaxis*
  - Do NOT take an antihistamine instead “to see if it works”



Censored!



Maybe you aren't very  
adherent...



A man with a long, full white beard and mustache is the central figure. He is wearing a red bandana with a white paisley pattern on his head and dark sunglasses. He is dressed in a colorful, tropical-patterned short-sleeved shirt. His right hand is raised, with his index finger pointing upwards. The background is a plain, light-colored wall.

Censored!

To become more  
adherent...



Censored!

*Listen to your doctor!*  
*Stick to the treatment plans*  
*you and your doctor agree*  
*to!*



Gee whiz, I am such an adherent patient now!



# You are a better candidate if:

- ❖ You are capable or have a caregiver who is
- ❖ **You are adherent**
- ❖ You have access to at least two doses of epinephrine
- ❖ You have access to emergency medical services
- ❖ You understand the risks and benefits of home management

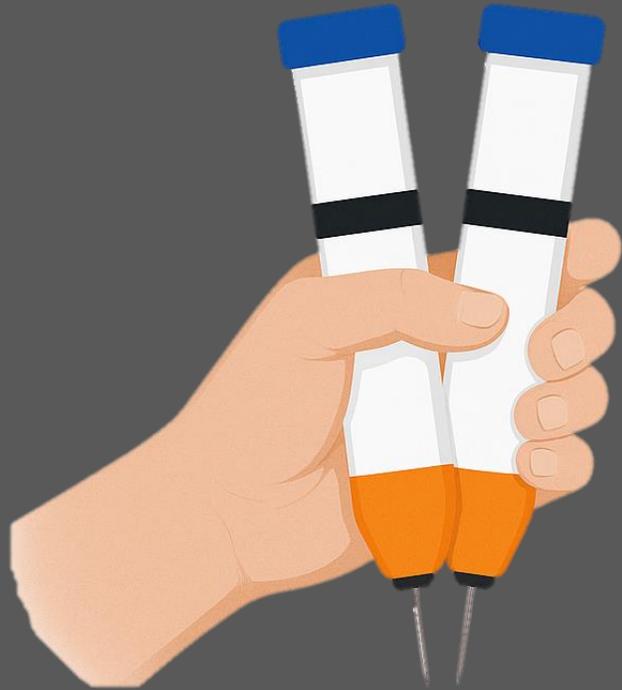


# You are a better candidate if:

- ❖ You are capable or have a caregiver who is
- ❖ You are adherent
- ❖ You have access to at least two doses of epinephrine**
- ❖ You have access to emergency medical services



You MUST have at least two  
doses of epinephrine



OR



Immediately  
available!

NOT:

“In my purse, I think”

“In the car ”

“Somewhere around here”

“Maybe in the medicine  
cabinet”



# You are a better candidate if:

- ❖ You are capable or have a caregiver who is
- ❖ You are adherent
- ❖ **You have access to at least two doses of epinephrine**
- ❖ You have access to emergency medical services



# You are a better candidate if:

- ❖ You are capable or have a caregiver who is
- ❖ You are adherent
- ❖ You have access to at least two doses of epinephrine
- ❖ You have access to emergency medical services

For example, you do not live too far from a hospital



What makes you a worse  
candidate  
for home management?

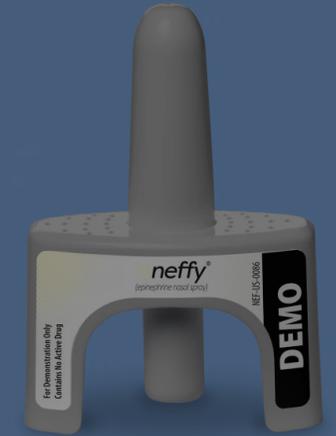
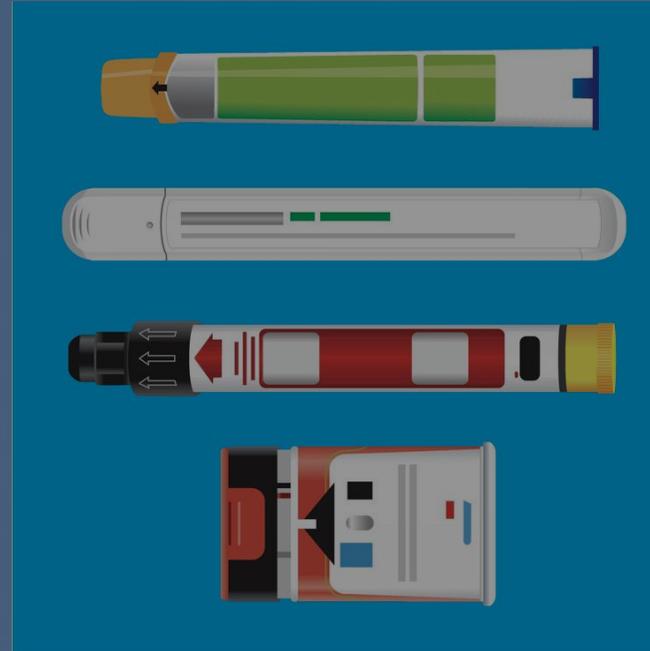
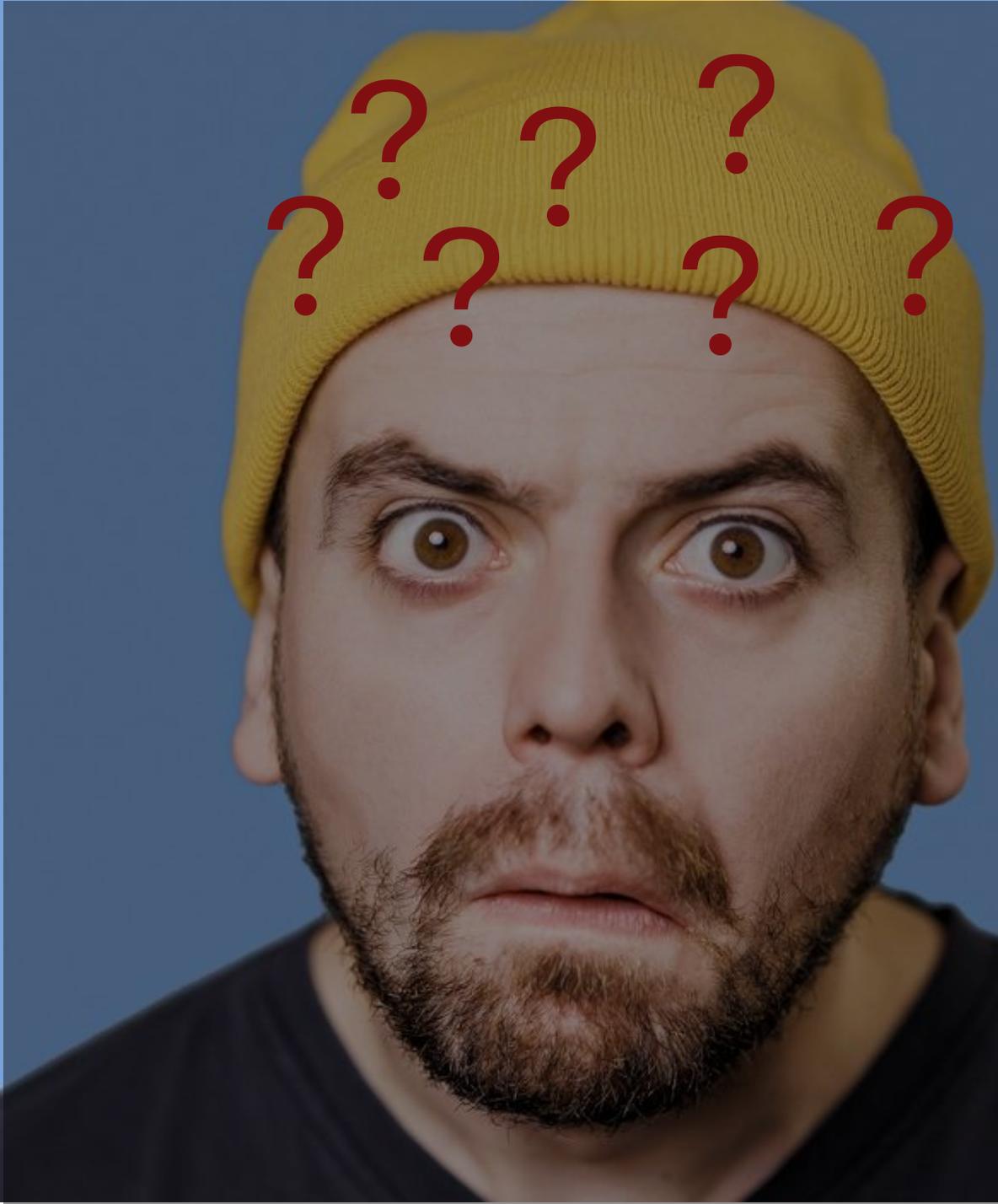


You do NOT have at least  
*two* doses of epinephrine



OR





You do NOT understand  
when or how to use  
epinephrine



Have a history of poor adherence to previous treatment recommendations



“I’ll just try this antihistamine first and see if it works...”

“I’ll just wait awhile before I use this epinephrine...”

Are alone, without immediate access to someone who can provide help if needed

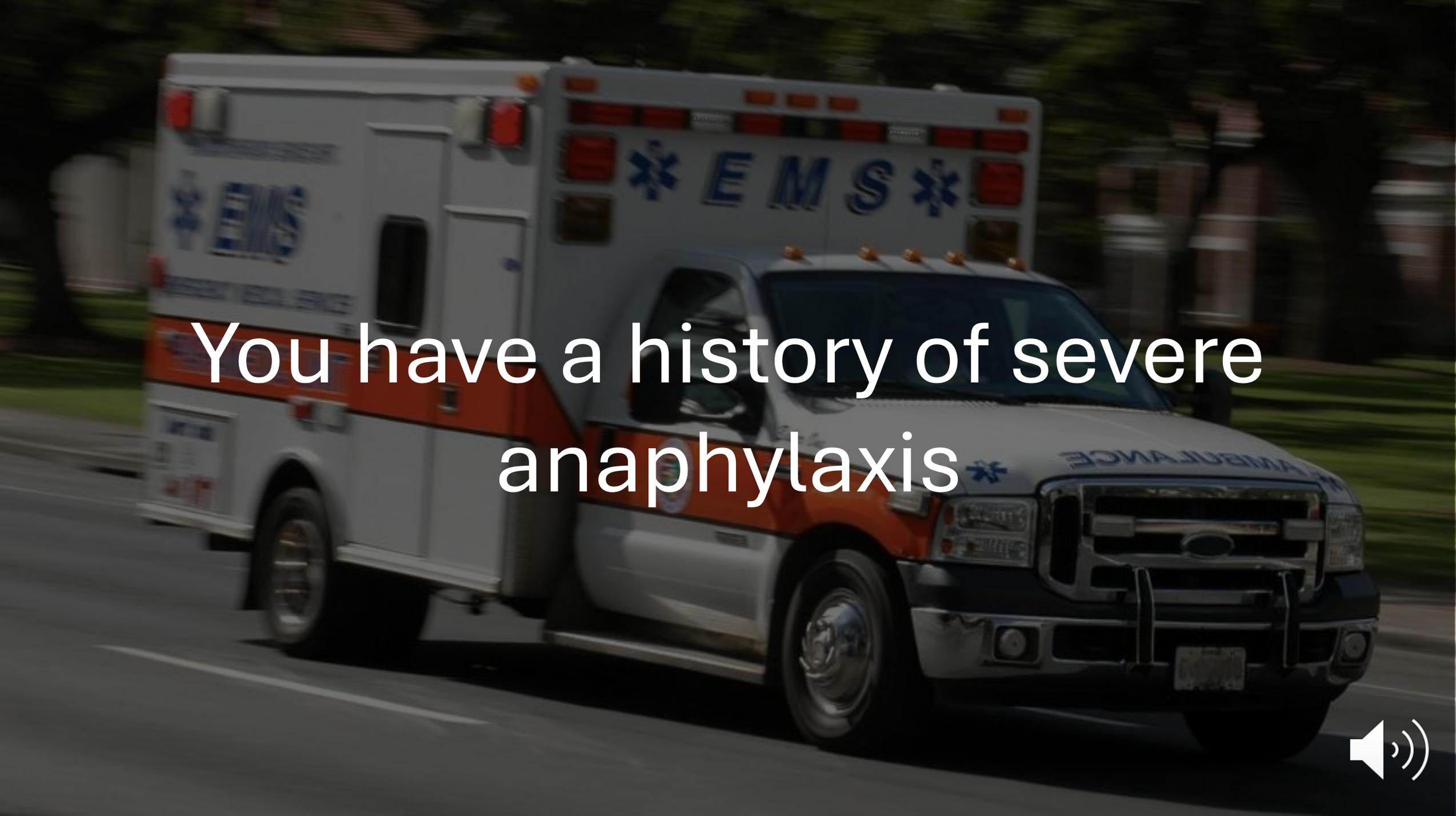
For example, you live by yourself, with no neighbor nearby you can count on



You do not have access to emergency  
medical services

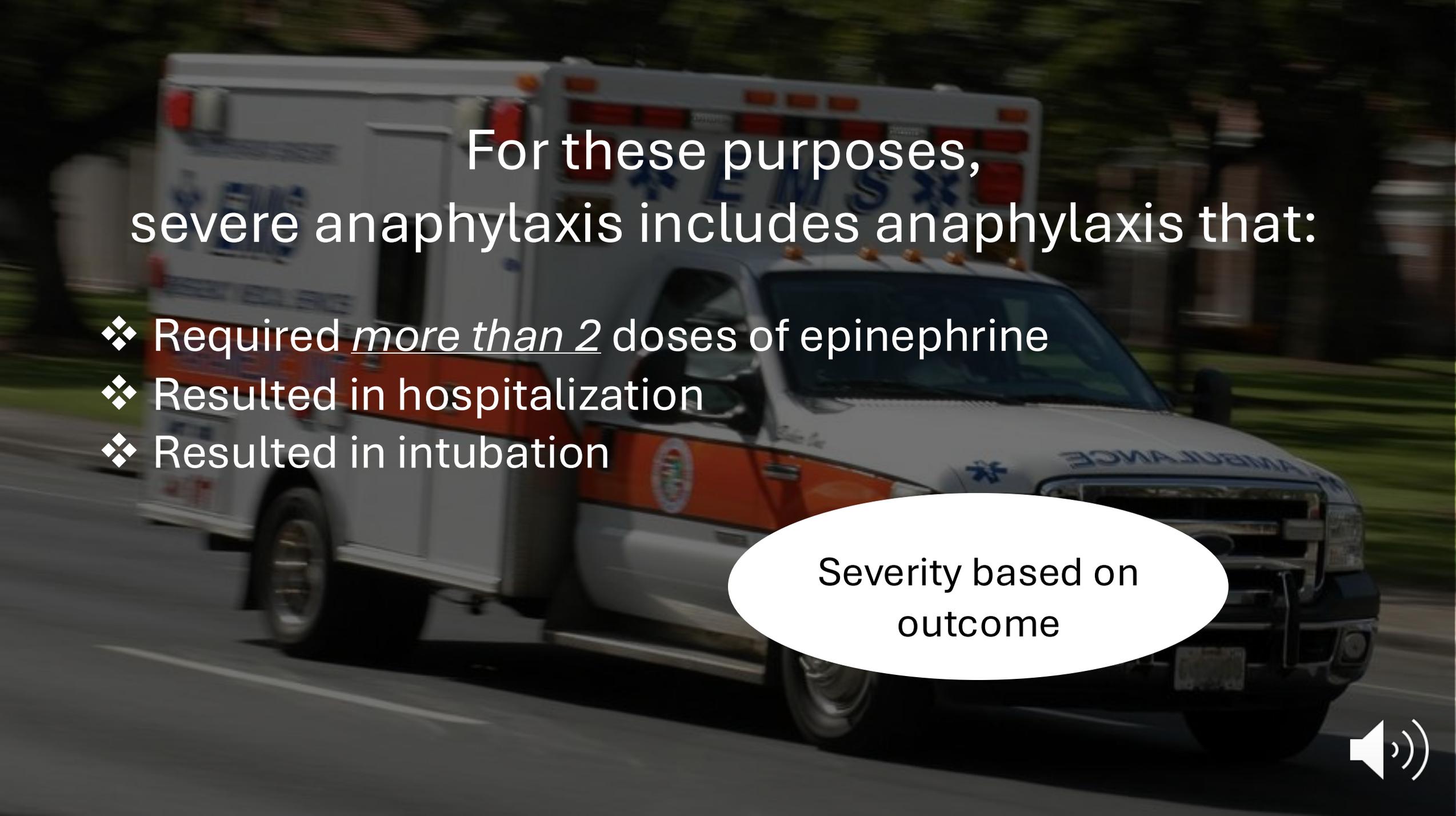
For example:  
you live in a remote area,  
far from a hospital





You have a history of severe  
anaphylaxis





For these purposes,  
severe anaphylaxis includes anaphylaxis that:

- ❖ Required *more than 2* doses of epinephrine
- ❖ Resulted in hospitalization
- ❖ Resulted in intubation

Severity based on  
outcome



# How you feel is also a factor

- ❖ Are you uncomfortable with managing anaphylaxis without calling 911 and going to the hospital?
- ❖ Are hesitant to use epinephrine, for example:
  - Are you afraid of needles?
  - Are you concerned about the side effects of epinephrine?



= WORSE candidate



# Some *other* factors you and your physician may want to discuss include:

❖ Risk factors for severe anaphylaxis (even if you have never experienced it), such as:

- Age >65
- Male gender
- Cardiac or pulmonary comorbidities (heart or lung conditions)
- Mastocytosis
- Use of beta blockers or ACE inhibitors in proximity to allergen exposure, and vigorous physical activity
- Allergies to insect venom or medications
- Several other factors—discuss with your doctor

❖ Risk factors for biphasic anaphylaxis

❖ Economic factors



In summary...

Let's compare  
a better vs worse candidate for home management of anaphylaxis



## A better candidate:

- ❖ Understands the risks vs benefits of home management
- ❖ Has immediate access to at least two doses of epinephrine
- ❖ Can understand and follow an anaphylaxis emergency care plan
- ❖ Knows how to recognize anaphylaxis
- ❖ Knows how when and how to administer epinephrine
- ❖ Is NOT hesitant to administer epinephrine
- ❖ Has a history of GOOD adherence to previous treatment recommendations
- ❖ Has immediate access to someone who can help if needed
- ❖ Has access to EMS
- ❖ Does NOT have a history of severe anaphylaxis

 ALL of these

## A worse candidate:

- ❖ Does NOT understand the risks and benefits of home management
- ❖ Does NOT have immediate access to at least two doses of epinephrine
- ❖ CANNOT understand and follow an anaphylaxis emergency care plan
- ❖ Does NOT know how to recognize anaphylaxis
- ❖ Does NOT understand when or how to administer epinephrine
- ❖ Is hesitant to administer epinephrine
- ❖ Has a history of POOR adherence to previous treatment recommendations
- ❖ Is alone, without immediate access to someone who can help if needed
- ❖ Does NOT have access to EMS
- ❖ DOES have a history of severe anaphylaxis

 ANY of these



Step #3:

WORK WITH YOUR PHYSICIAN  
TO DEVELOP A HOME MANAGEMENT PLAN



# Anaphylaxis emergency care plan

Step #1: Download an Emergency Care Plan from FARE

Step #2: Take the form to your allergist



**FARE**  
Food Allergy Research & Education
**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

**Extremely reactive to the following allergens:** \_\_\_\_\_

THEFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING: <b>SEVERE SYMPTOMS</b>	<b>MILD SYMPTOMS</b>
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">   <b>LUNG</b>                      Shortness of breath, wheezing, repetitive cough                 </div> <div style="text-align: center;">   <b>HEART</b>                      Pale or bluish skin, faintness, weak pulse, dizziness                 </div> <div style="text-align: center;">   <b>THROAT</b>                      Tight or hoarse throat, trouble breathing or swallowing                 </div> <div style="text-align: center;">   <b>MOUTH</b>                      Significant swelling of the tongue or lips                 </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">   <b>SKIN</b>                      Many hives over body, widespread redness                 </div> <div style="text-align: center;">   <b>GUT</b>                      Repetitive vomiting, severe diarrhea                 </div> <div style="text-align: center;">   <b>OTHER</b>                      Feeling something bad is about to happen, anxiety, confusion                 </div> </div> <p style="text-align: center; margin-top: 10px;"><b>OR A COMBINATION of symptoms from different body areas.</b></p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">   <b>NOSE</b>                      Itchy or runny nose, sneezing                 </div> <div style="text-align: center;">   <b>MOUTH</b>                      Itchy mouth                 </div> <div style="text-align: center;">   <b>SKIN</b>                      A few hives, mild itch                 </div> <div style="text-align: center;">   <b>GUT</b>                      Mild nausea or discomfort                 </div> </div> <p style="text-align: center; margin-top: 10px;"><b>FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.</b></p> <p style="text-align: center; margin-top: 10px;"><b>FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:</b></p> <ol style="list-style-type: none"> <li>1. Antihistamines may be given, if ordered by a healthcare provider.</li> <li>2. Stay with the person; alert emergency contacts.</li> <li>3. Watch closely for changes. If symptoms worsen, give epinephrine.</li> </ol>
<ol style="list-style-type: none"> <li>1. <b>ADMINISTER EPINEPHRINE IMMEDIATELY.</b></li> <li>2. <b>Call 911.</b> Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.                             <ul style="list-style-type: none"> <li>• Consider giving additional medications following epinephrine:                                     <ul style="list-style-type: none"> <li>» Antihistamine</li> <li>» Inhaler (bronchodilator) if wheezing</li> </ul> </li> <li>• Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.</li> <li>• If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.</li> <li>• Alert emergency contacts.</li> <li>• Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.</li> </ul> </li> </ol>	<p style="text-align: center;"><b>MEDICATIONS/DOSES</b></p> <p>Epinephrine Brand or Generic: _____</p> <p>Epinephrine Dose: <input type="checkbox"/> 0.1 mg IM (intramuscular) <input type="checkbox"/> 0.15 mg IM <input type="checkbox"/> 0.3 mg IM <input type="checkbox"/> 1 mg IN (intranasal) <input type="checkbox"/> 2 mg IN</p> <p>Antihistamine Brand or Generic: _____</p> <p>Antihistamine Dose: _____</p> <p>Other (e.g., inhaler-bronchodilator if wheezing): _____</p> <p><input type="checkbox"/> Patient may self-carry <input type="checkbox"/> Patient may self-administer</p>

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHYSICIAN/HCP AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2025



## Your allergist's job:

- Create a plan
- Include you in the decision
- Explain the plan



## Your job:

- Bring the form
- Ask your allergist to create a plan
- Participate in creating the plan
- Make sure you understand the plan

If you already have an emergency care plan, make sure add an addendum to cover home management.

A screenshot of the FARE form is shown in the background. The form includes fields for Name, D.O.B., Allergic to, and Asthma status. It contains instructions for administering epinephrine and a section for Medications/Doses. A large black oval is drawn over the text in the center of the slide, which is overlaid on the form's content.



Step #3:

UNDERSTAND WHEN AND HOW TO  
IMPLEMENT YOUR HOME MANAGEMENT PLAN



Even with your doctor's approval and a home management plan,  
*you may NOT be able to manage anaphylaxis at home every time.*



Anaphylaxis should ONLY be managed  
at home IF...

ALL

of the following apply...

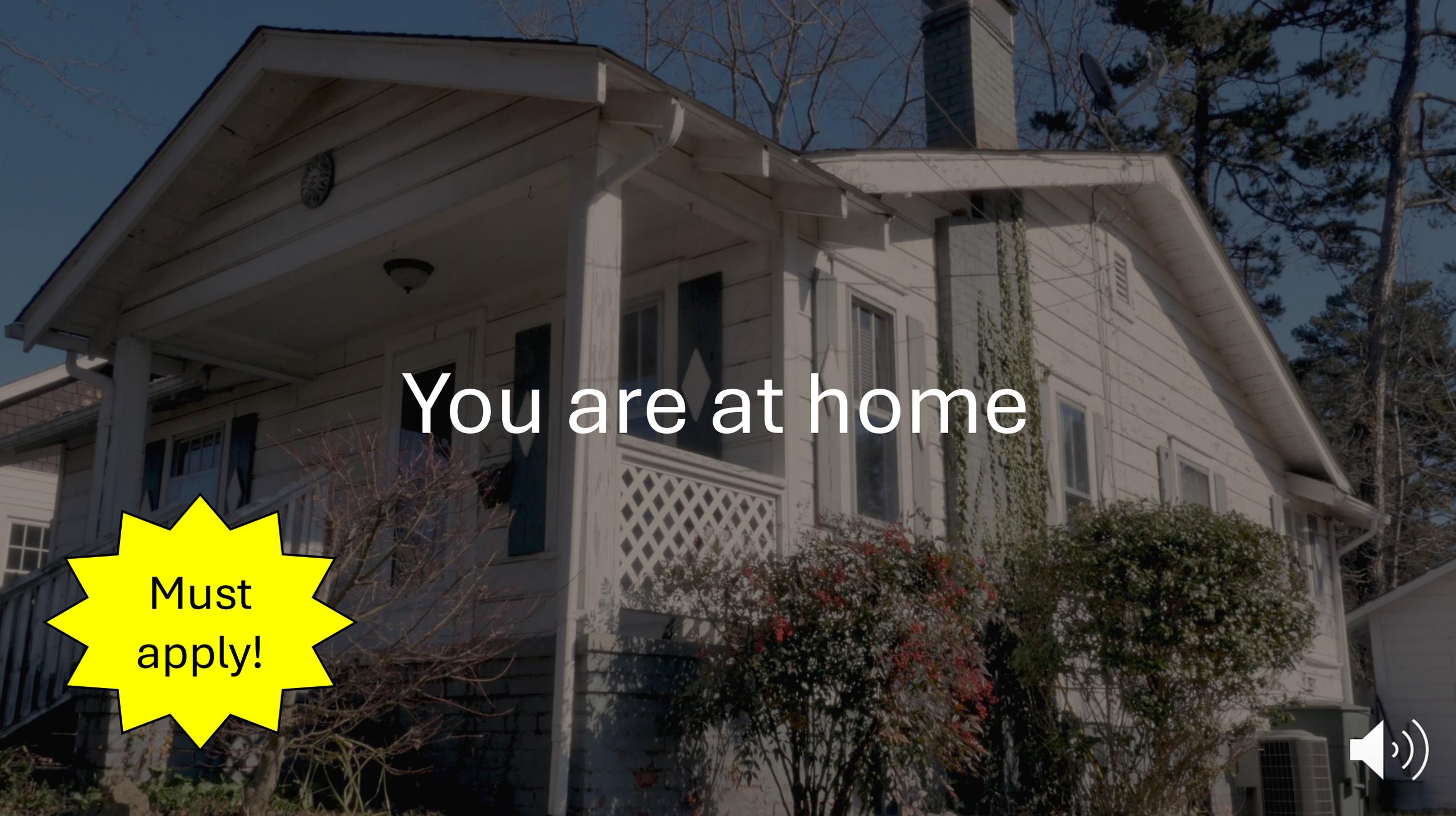




Must  
apply!

Your home management plan has  
been *approved by your physician*





You are at home

Must  
apply!



A close-up photograph of a person lying in a hospital bed, wearing a white hospital gown. Their hands are being held and supported by another person's hands. The caregiver is wearing a blue watch on their left wrist. The background is softly blurred, showing more of the hospital room.

Must  
apply!

You are with someone who can  
monitor your symptoms



Must  
apply!

You have at least TWO doses of  
epinephrine  
(autoinjectors or Neffys)





Your anaphylaxis is NOT severe



Must  
apply!



Anaphylaxis should NOT be managed  
at home IF...

ANY

of the following apply...

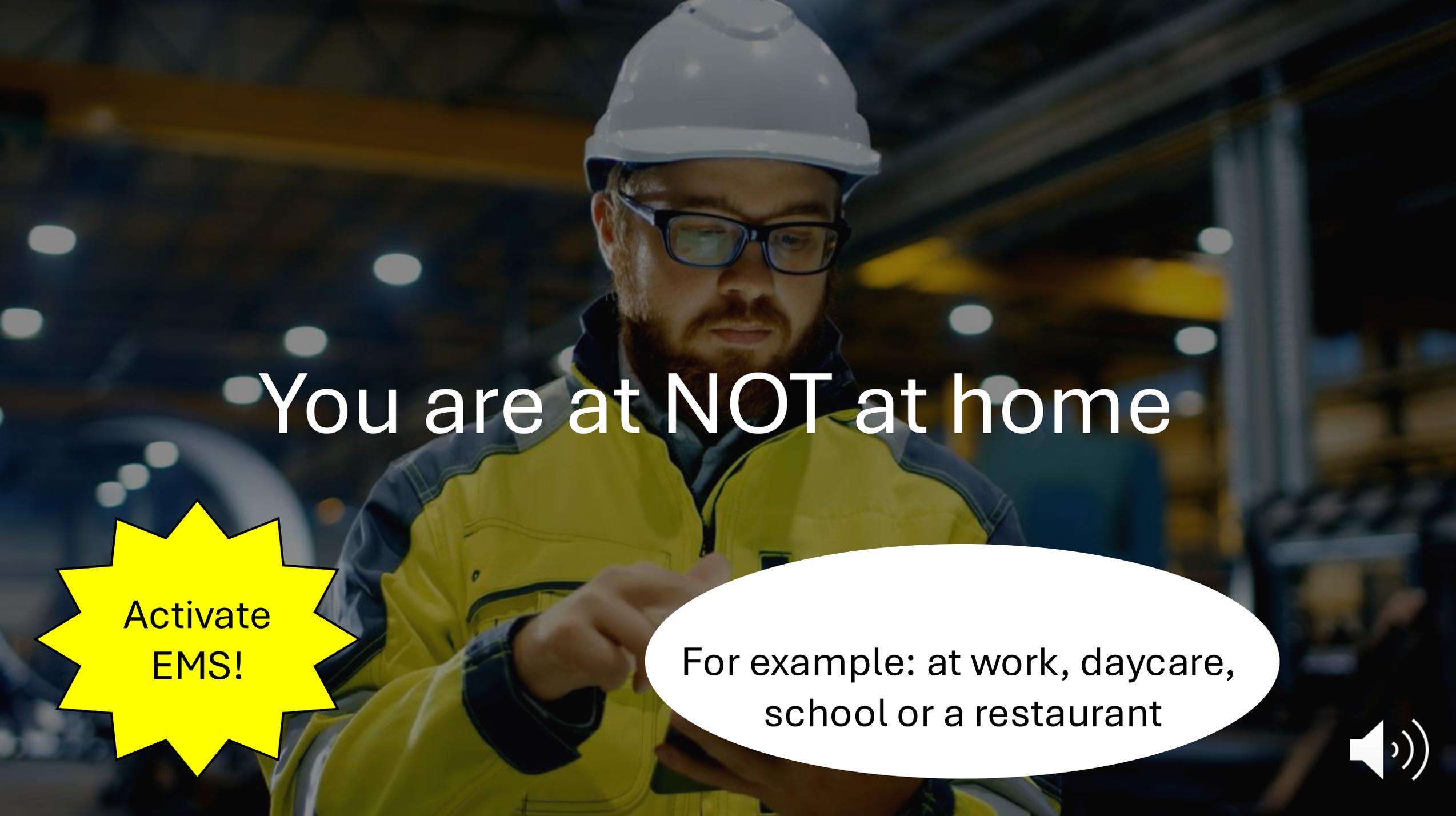




Activate  
EMS!

Your home management plan has  
NOT been approved by your  
physician



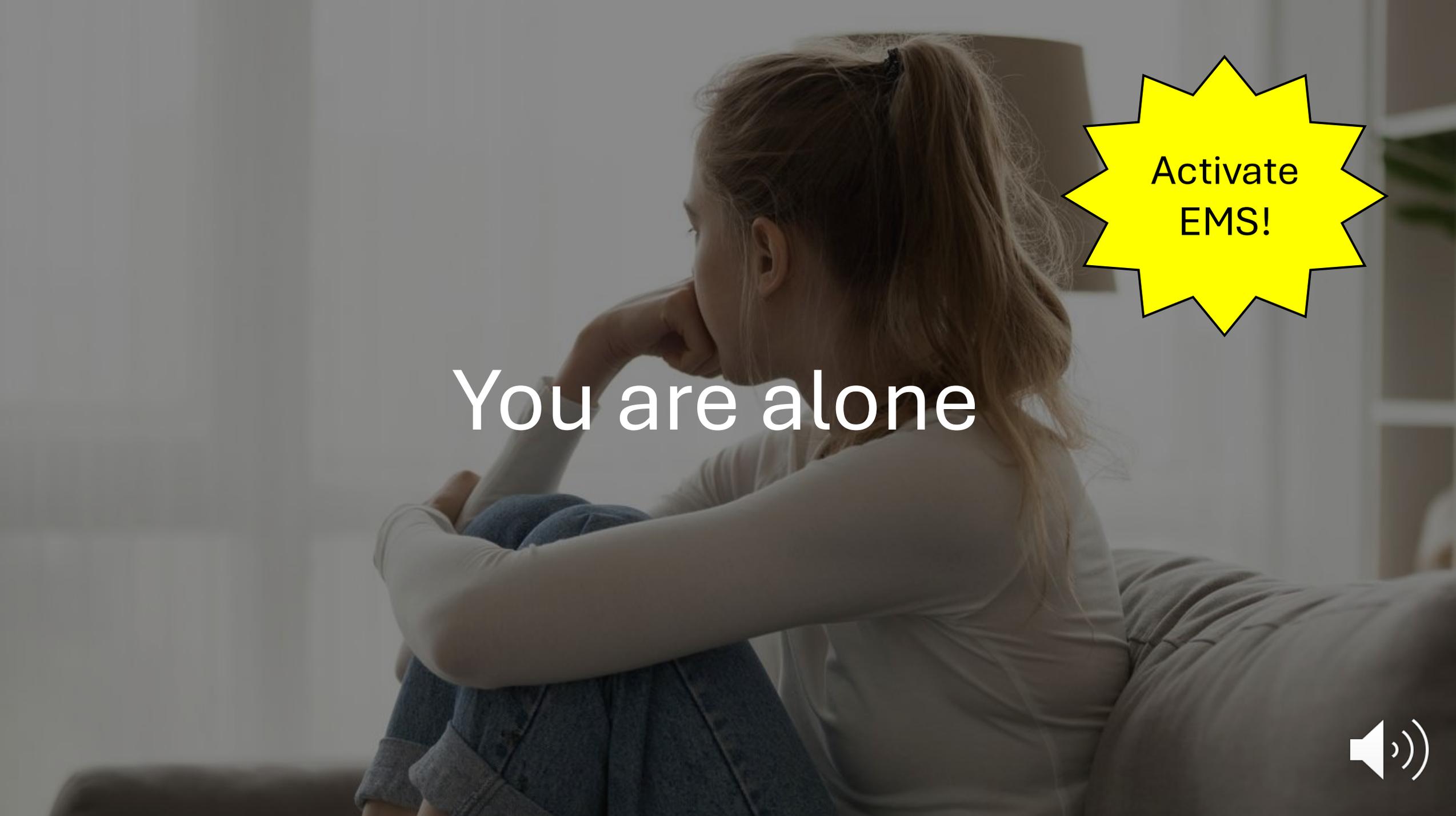


You are at NOT at home

Activate  
EMS!

For example: at work, daycare,  
school or a restaurant





You are alone

Activate  
EMS!

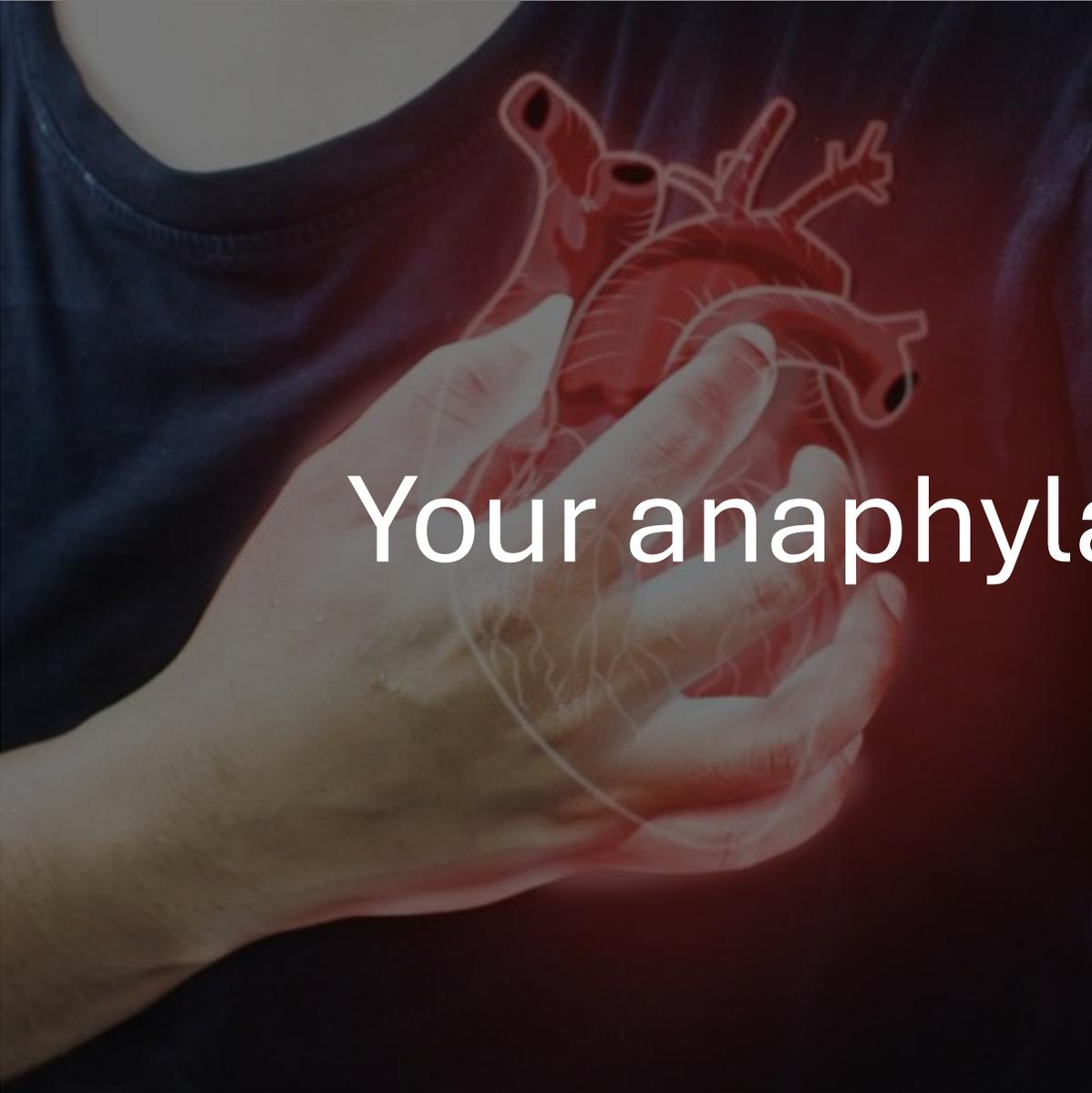


You do NOT have at least  
*two* doses of epinephrine



Activate  
EMS!



An anatomical illustration of a human heart, showing its complex network of arteries and veins. The heart is rendered in a reddish-pink color and is being held gently in the palm of a hand. The background is dark, making the heart stand out.

Your anaphylaxis is severe

A photograph of a woman with long brown hair, wearing a grey t-shirt. She has a pained expression, with her eyes closed and her hands pressed against her chest, suggesting she is experiencing chest pain or difficulty breathing.

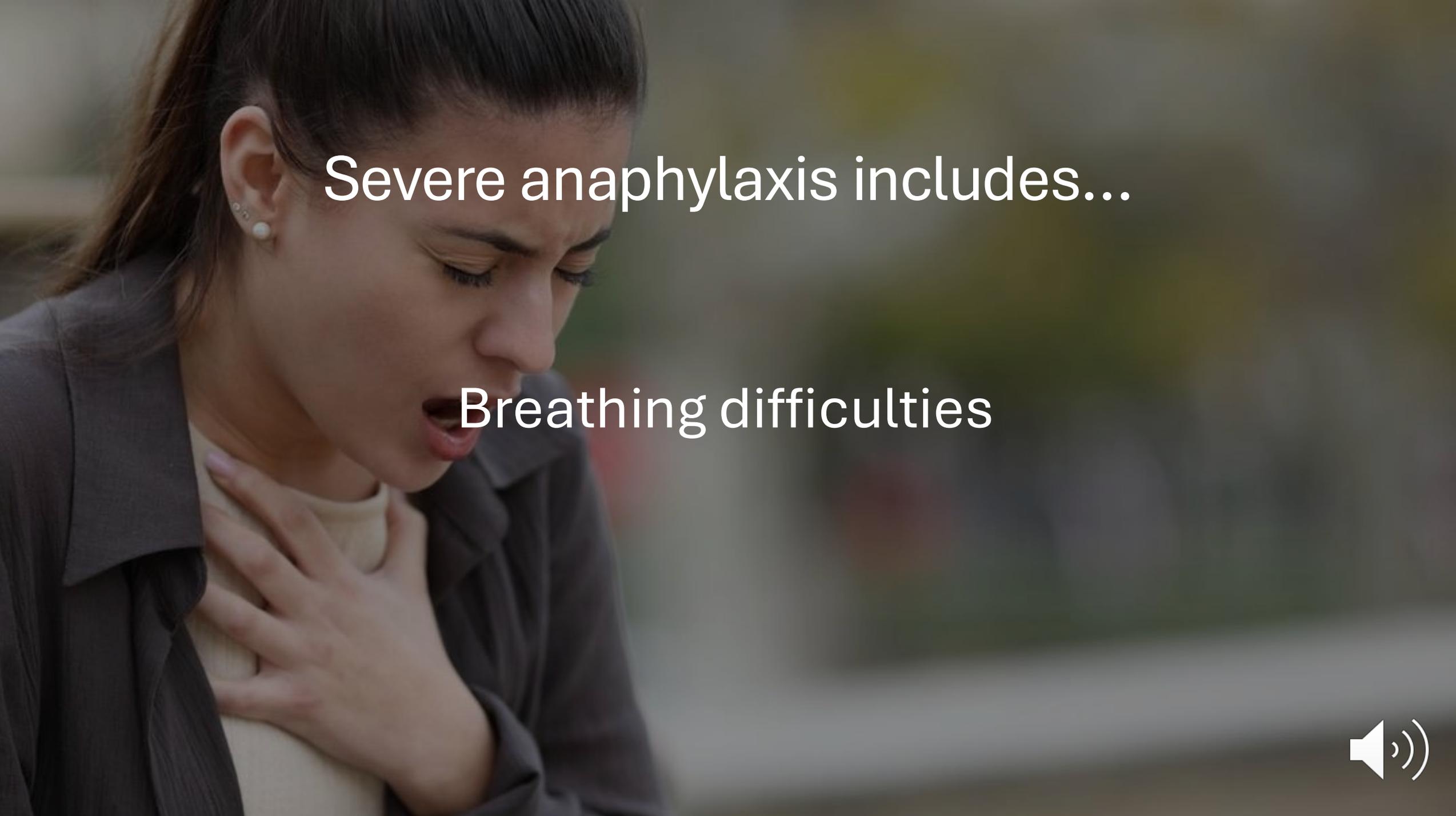
Activate  
EMS!



What does severe anaphylaxis  
look like?

Symptoms of severe anaphylaxis  
include (but are not limited to) the  
following...



A woman with dark hair tied back, wearing a dark grey blazer over a light-colored top, is shown in profile. She has a pained expression, with her mouth open as if gasping or shouting, and her hands are clutching her chest. The background is a blurred outdoor setting.

Severe anaphylaxis includes...

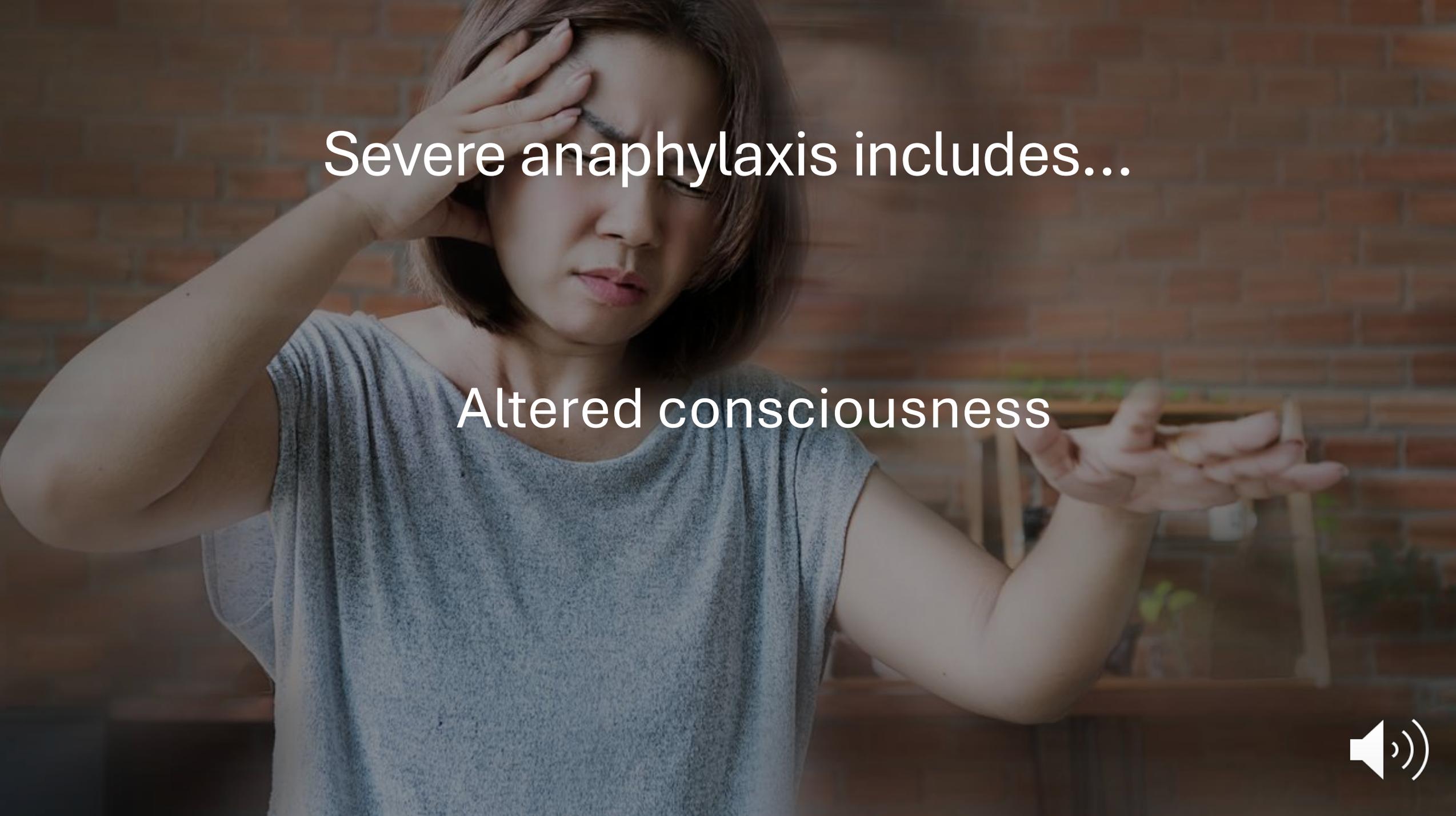
Breathing difficulties



Severe anaphylaxis includes...

Cardiac symptoms



A woman with short brown hair is shown from the chest up, wearing a grey t-shirt. She has a pained expression, with her eyes closed and her right hand pressed against her forehead. Her left hand is held out in front of her, palm up, as if feeling a symptom. The background is a brick wall.

Severe anaphylaxis includes...

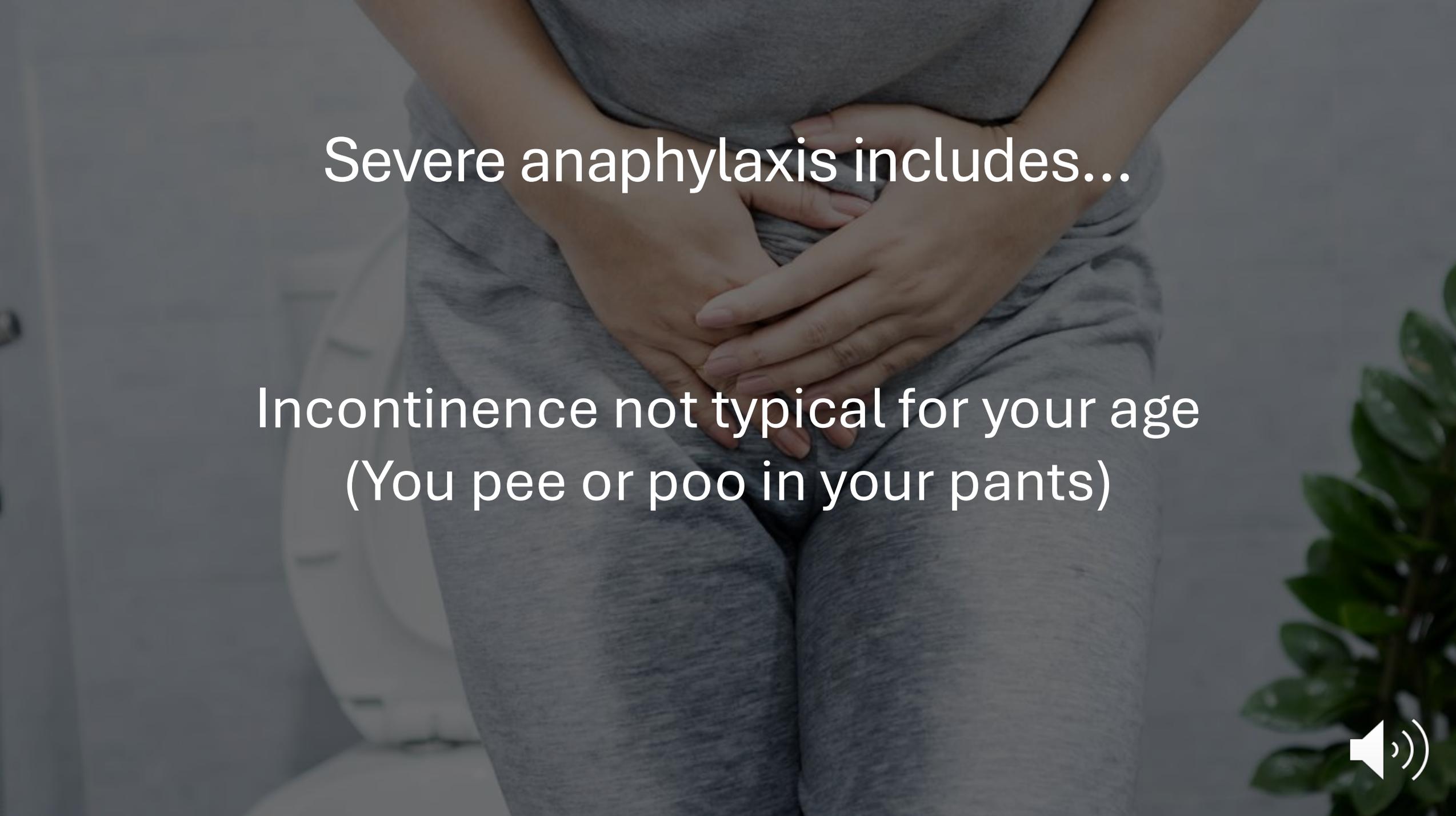
Altered consciousness



Severe anaphylaxis includes...

Cyanosis  
(e.g. bluish lips)

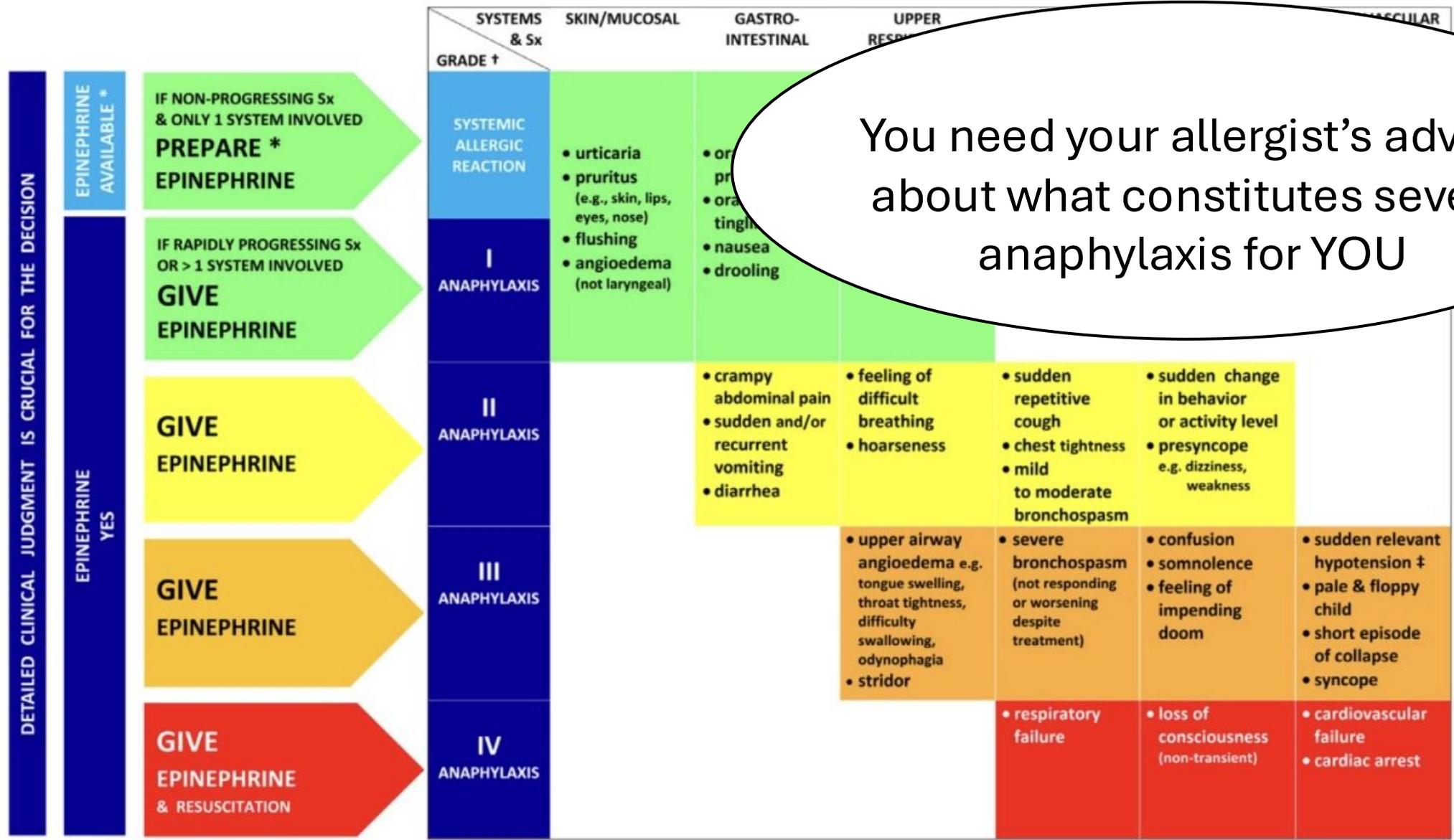




Severe anaphylaxis includes...

Incontinence not typical for your age  
(You pee or poo in your pants)





You need your allergist's advice about what constitutes severe anaphylaxis for YOU

\* Consider lower threshold of epinephrine in the case of previous severe reaction or co-existent asthma, or exposure to patient-relevant allergen<sup>9,22</sup>  
 † The severity grade is defined by the most severe symptom  
 ‡ Hypotension is defined as systolic blood pressure: 1 month to 1 yr < 70 mmHg; 1-10 yrs < [70 mmHg + (2 x age in years)]; 11-17 yrs < 90 mmHg<sup>8</sup>

Figure 4. The severity grading system of food-induced acute allergic reactions with 2-stage epinephrine decision model based on 259 real-life episodes in children.



How you respond to your first dose of epinephrine is also important

ALL

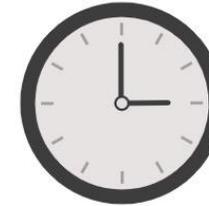
of the following MUST

apply...

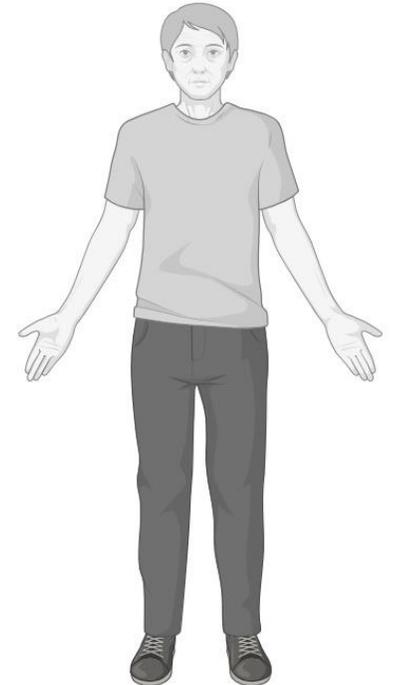


After *first* dose of epinephrine, symptoms must clear up:

- **Quickly (within 5-15 mins)**
- **Completely**
- **Not come back**
- **No new symptoms develop**



5-15 minutes

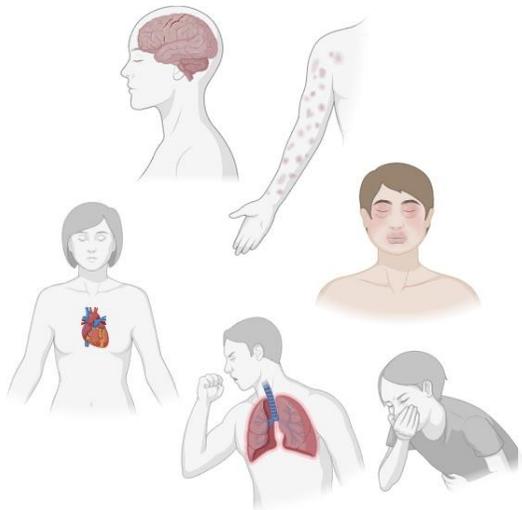
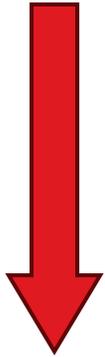


Let's run through the different scenarios...



# Scenario #1

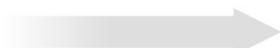




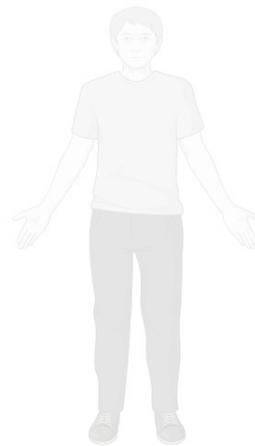
Symptoms of anaphylaxis



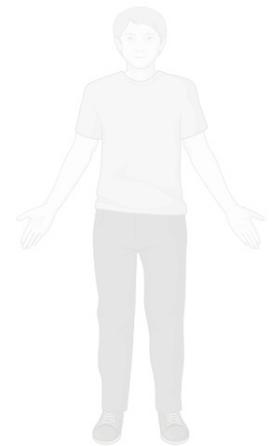
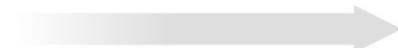
First dose of epinephrine



5-15 minutes

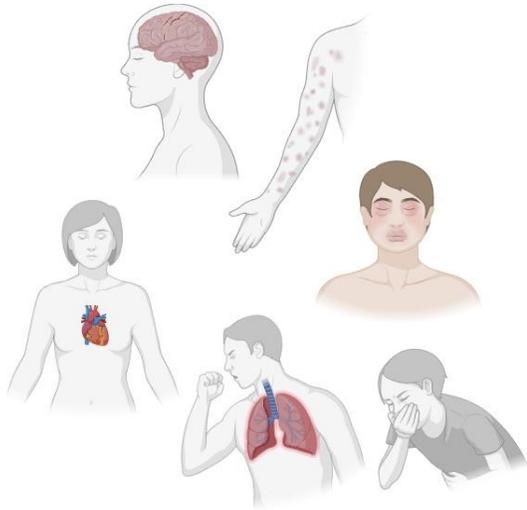


Complete resolution of symptoms



Symptoms do NOT return  
No NEW symptoms





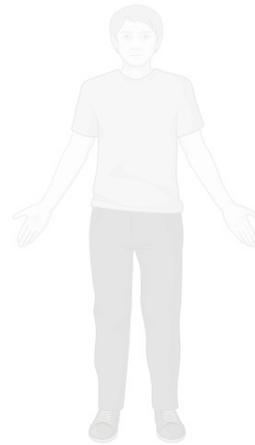
Symptoms of anaphylaxis



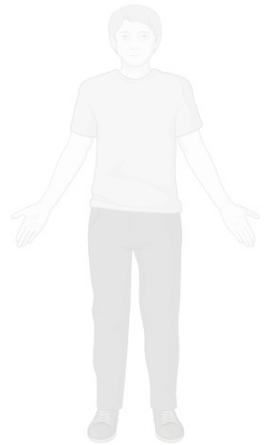
First dose of epinephrine



5-15 minutes

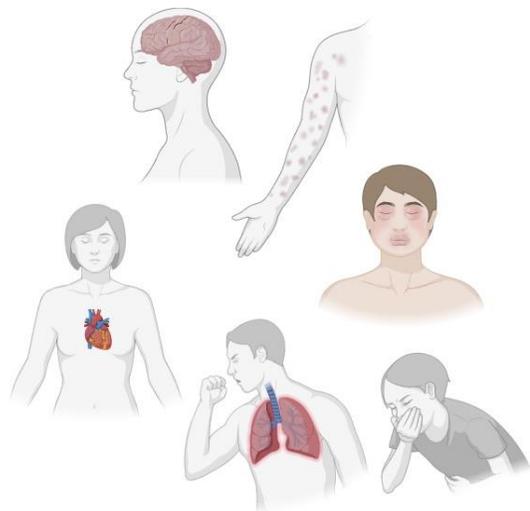


Complete resolution of symptoms

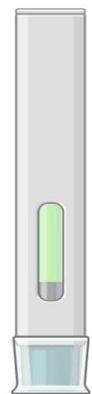


Symptoms do NOT return  
No NEW symptoms





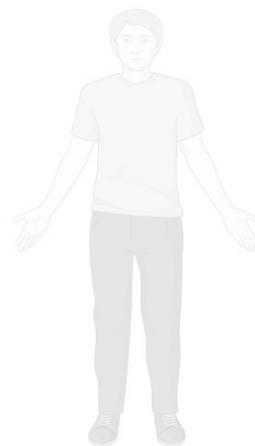
Symptoms of anaphylaxis



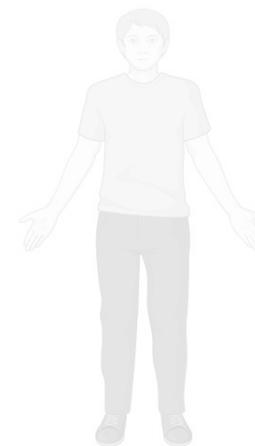
First dose of epinephrine



5-15 minutes



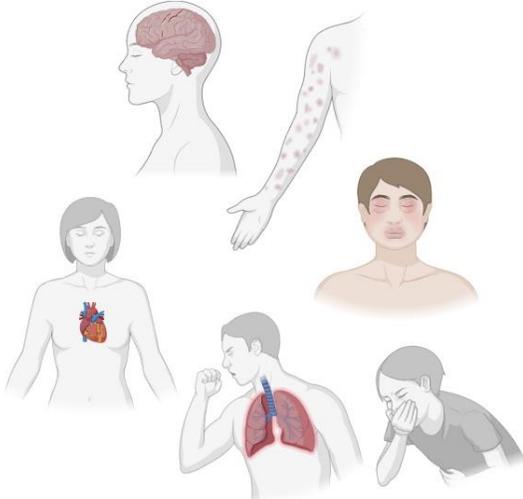
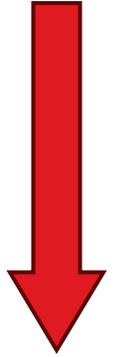
Complete resolution of symptoms



Symptoms do NOT return  
No NEW symptoms



**2<sup>nd</sup> dose  
of epi &  
activate  
EMS!**



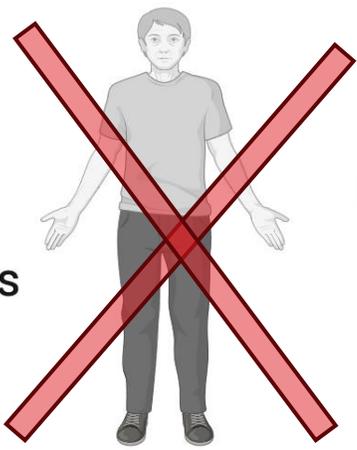
Symptoms of anaphylaxis



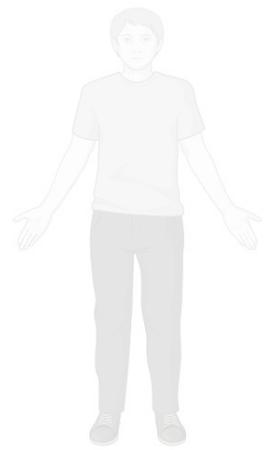
First dose of epinephrine



5-15 minutes



If symptoms do NOT resolve in 5-15 minutes

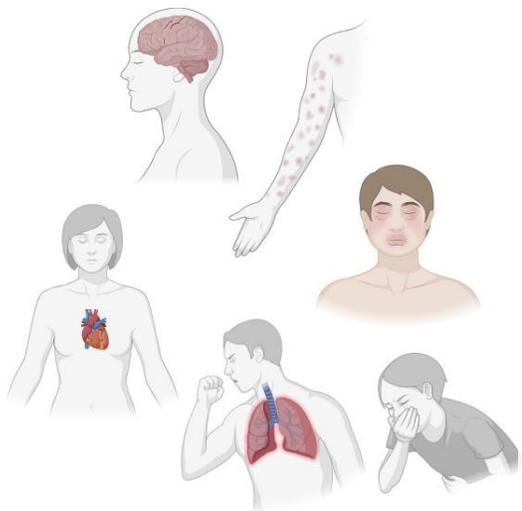
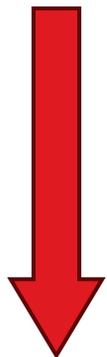


Symptoms do NOT return  
No NEW symptoms



# Scenario #2





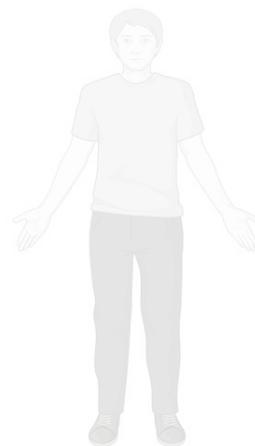
Symptoms of anaphylaxis



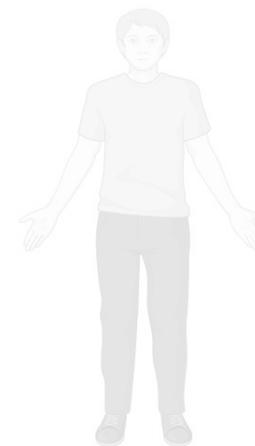
First dose of epinephrine



5-15 minutes

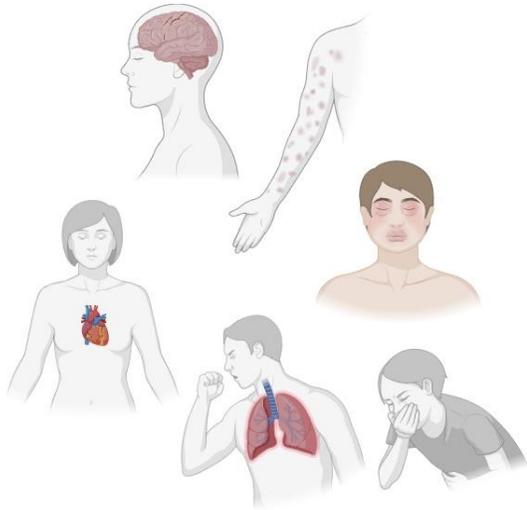


Complete resolution of symptoms

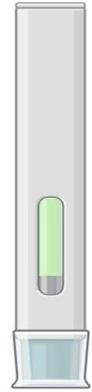


Symptoms do NOT return  
No NEW symptoms





Symptoms of anaphylaxis



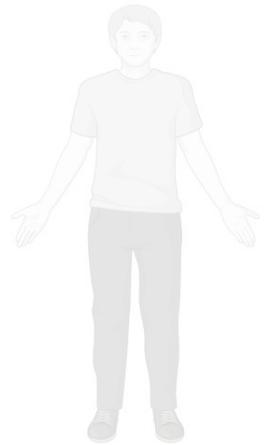
First dose of epinephrine



5-15 minutes

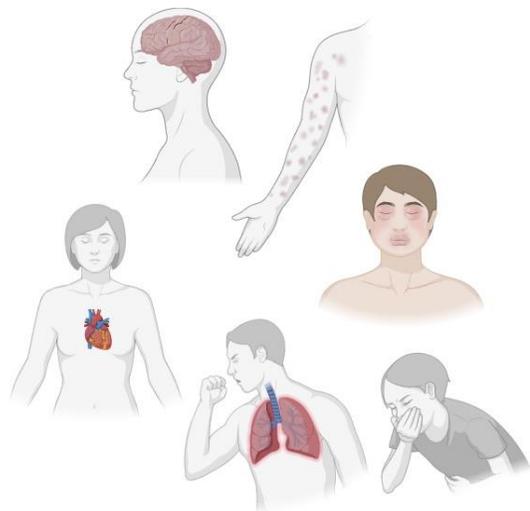


Complete resolution of symptoms

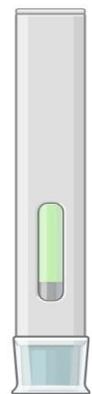


Symptoms do NOT return  
No NEW symptoms





Symptoms of anaphylaxis



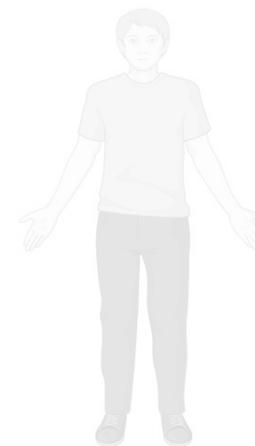
First dose of epinephrine



5-15 minutes

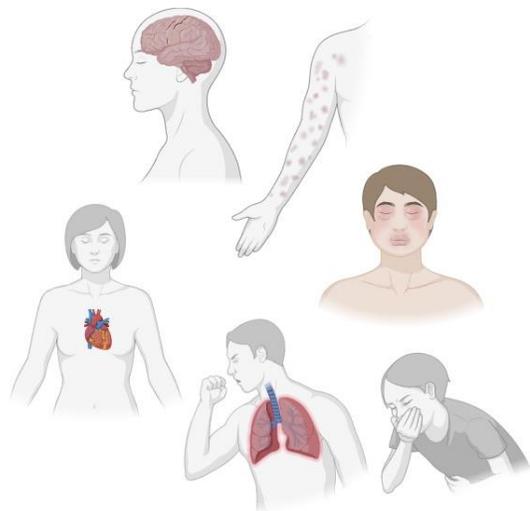


Complete resolution of symptoms



Symptoms do NOT return  
No NEW symptoms





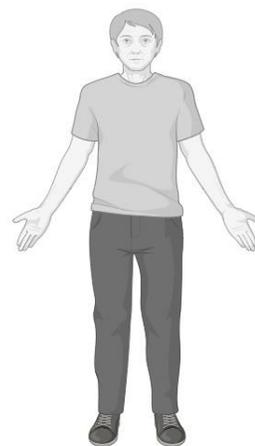
Symptoms of anaphylaxis



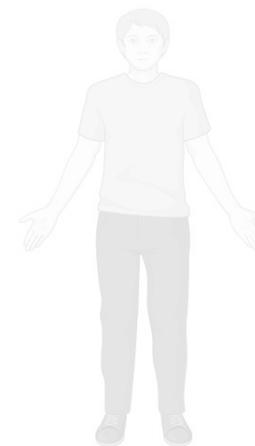
First dose of epinephrine



5-15 minutes

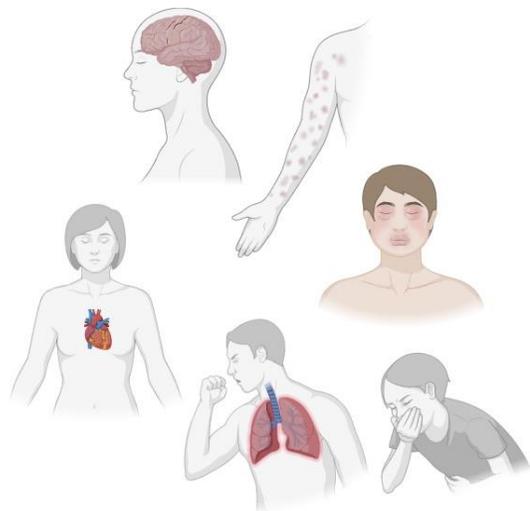


Complete resolution of symptoms

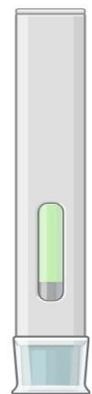


Symptoms do NOT return  
No NEW symptoms





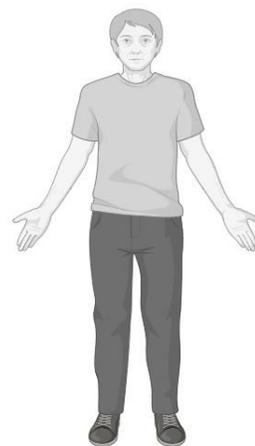
Symptoms of anaphylaxis



First dose of epinephrine



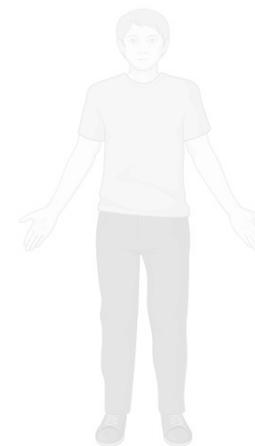
5-15 minutes



Complete resolution of symptoms

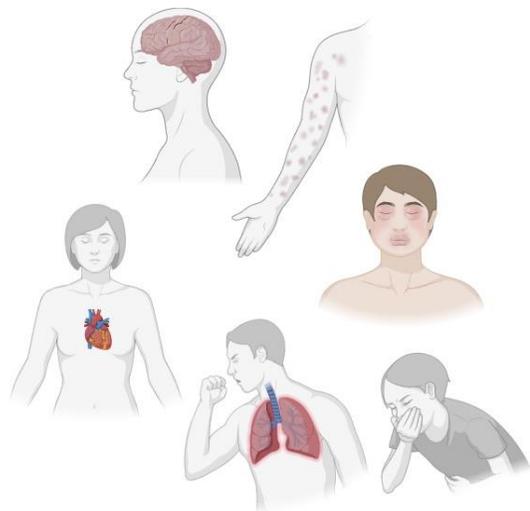


As time passes...



Symptoms do NOT return  
No NEW symptoms





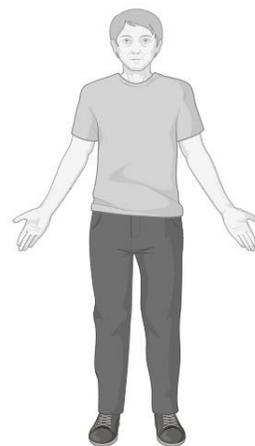
Symptoms of anaphylaxis



First dose of epinephrine



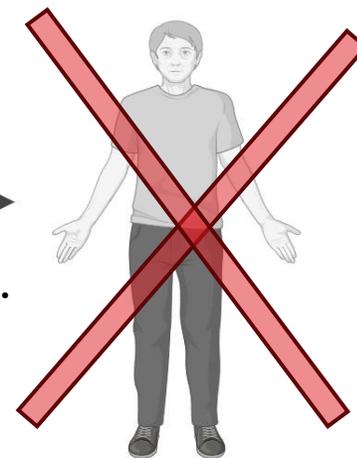
5-15 minutes



Complete resolution of symptoms



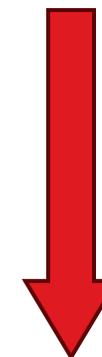
As time passes...



Symptoms return

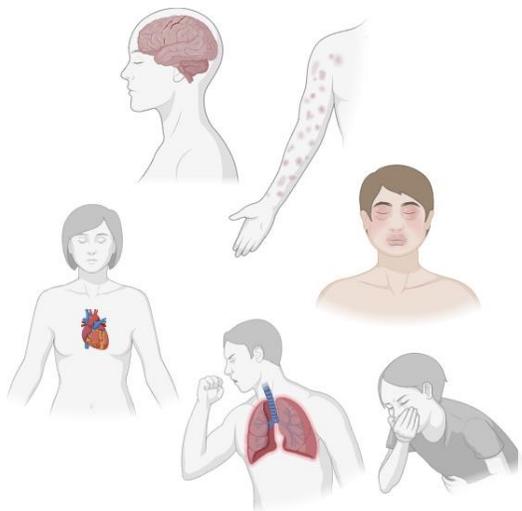
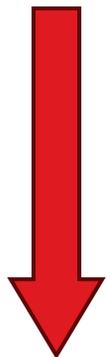


2<sup>nd</sup> dose of epi & activate EMS!



# Scenario #3





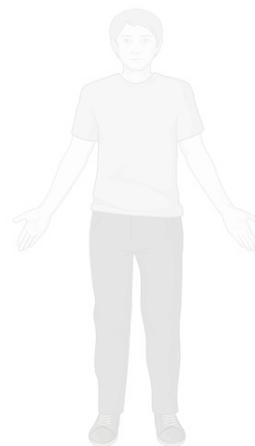
Symptoms of anaphylaxis



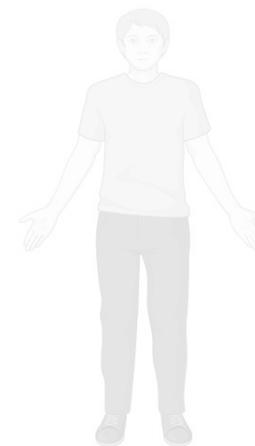
First dose of epinephrine



5-15 minutes

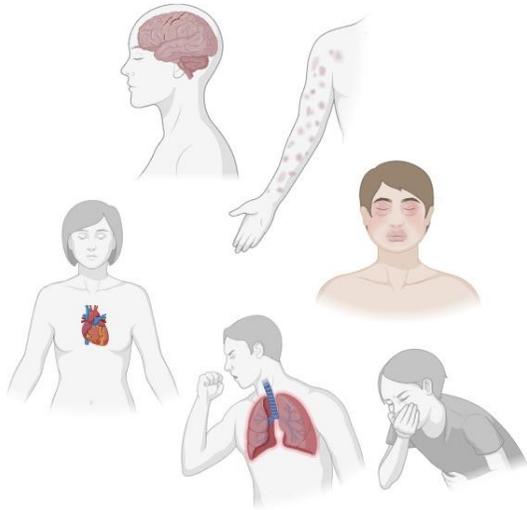


Complete resolution of symptoms



Symptoms do NOT return  
No NEW symptoms





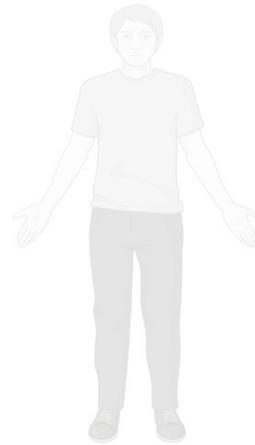
Symptoms of anaphylaxis



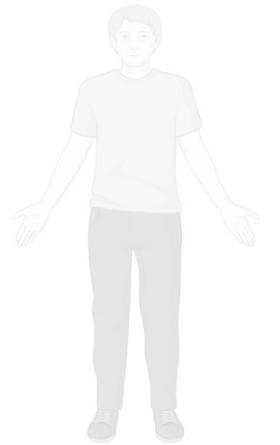
First dose of epinephrine



5-15 minutes

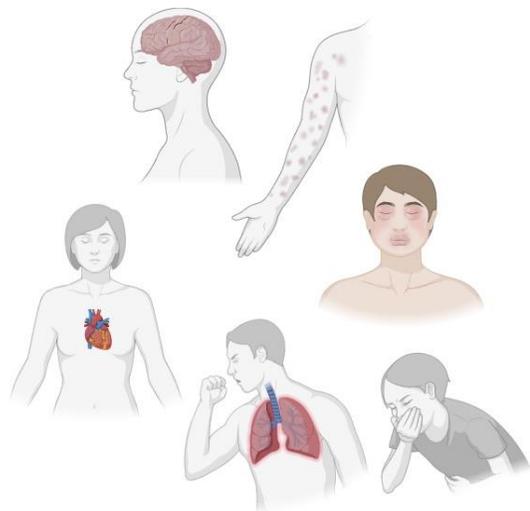


Complete resolution of symptoms

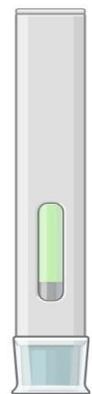


Symptoms do NOT return  
No NEW symptoms





Symptoms of anaphylaxis



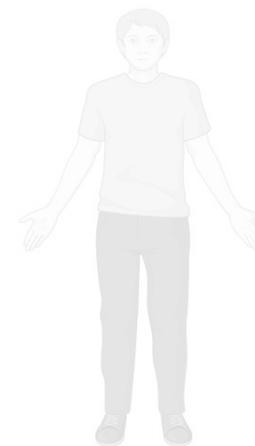
First dose of epinephrine



5-15 minutes

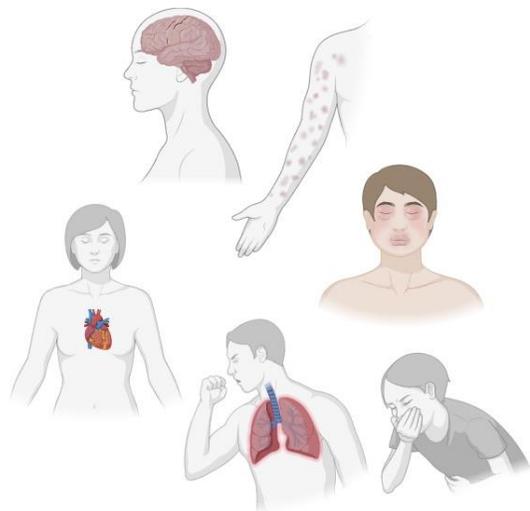


Complete resolution of symptoms



Symptoms do NOT return  
No NEW symptoms





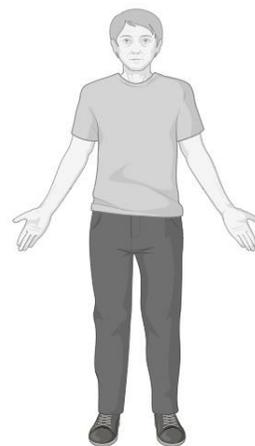
Symptoms of anaphylaxis



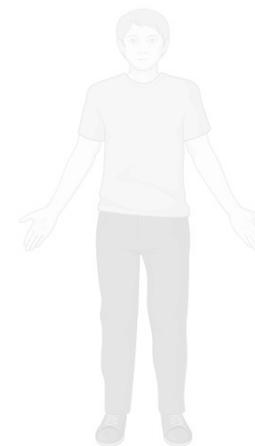
First dose of epinephrine



5-15 minutes

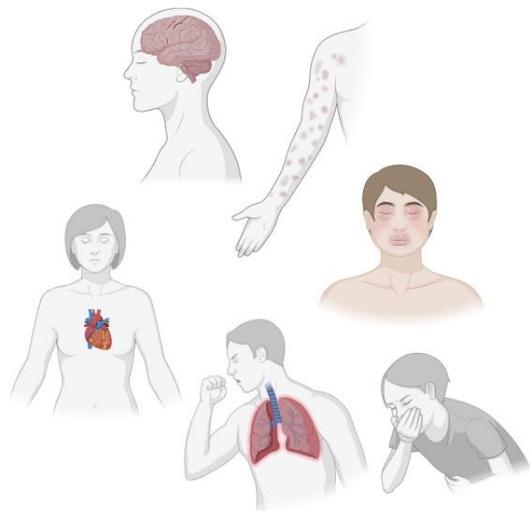


Complete resolution of symptoms

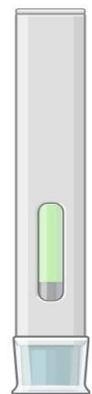


Symptoms do NOT return  
No NEW symptoms





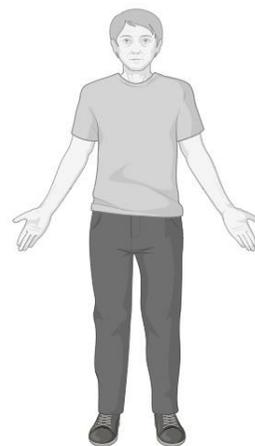
Symptoms of anaphylaxis



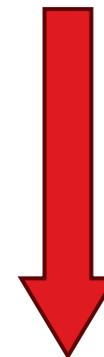
First dose of epinephrine



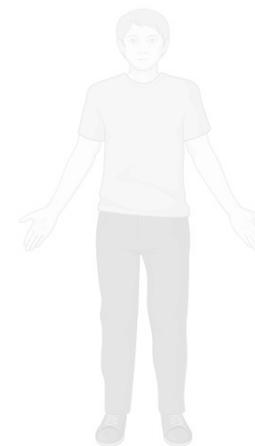
5-15 minutes



Complete resolution of symptoms

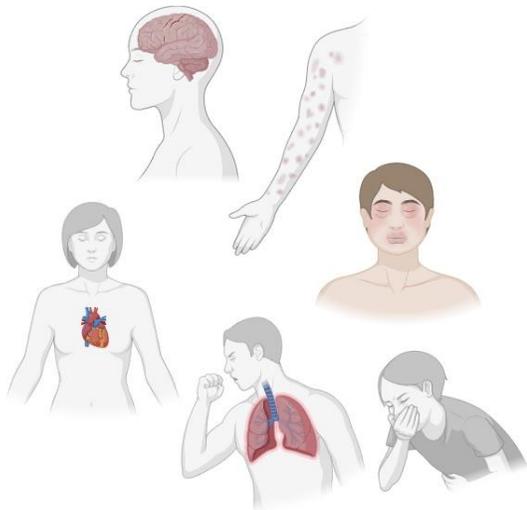


As time passes...



Symptoms do NOT return  
No NEW symptoms





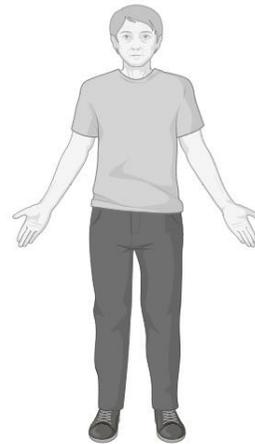
Symptoms of anaphylaxis



First dose of epinephrine



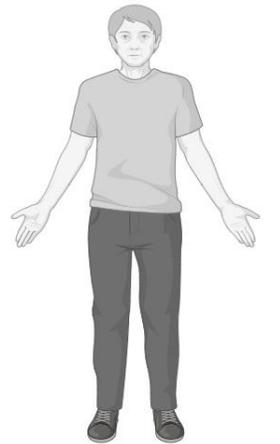
5-15 minutes



Complete resolution of symptoms

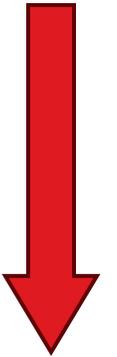


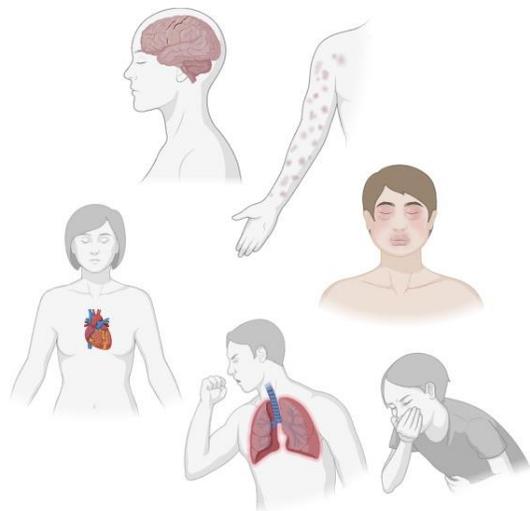
As time passes...



Symptoms do NOT return

No NEW symptoms 





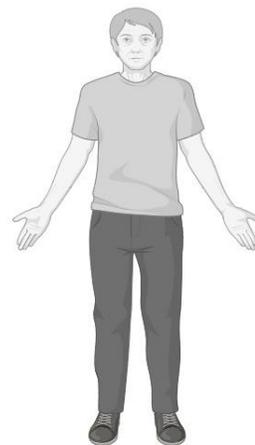
Symptoms of anaphylaxis



First dose of epinephrine



5-15 minutes



Complete resolution of symptoms

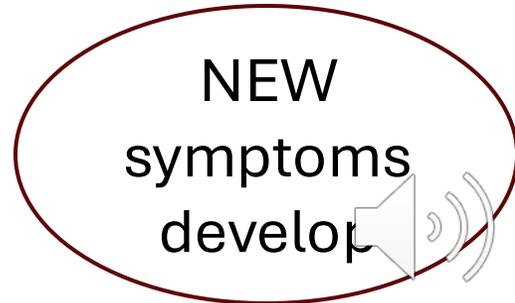
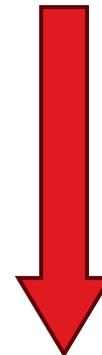


As time passes...



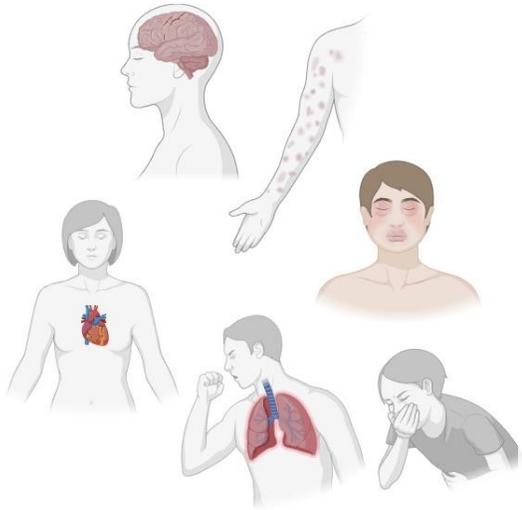
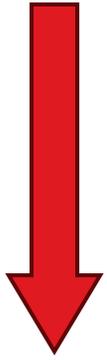
NEW symptoms develop

2<sup>nd</sup> dose of epi & activate EMS!



# Scenario #4





Symptoms of anaphylaxis



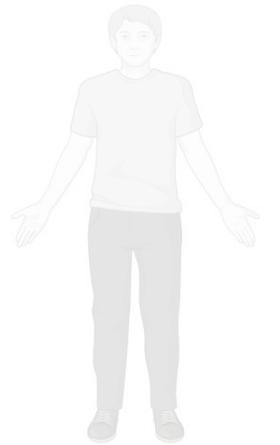
First dose of epinephrine



5-15 minutes

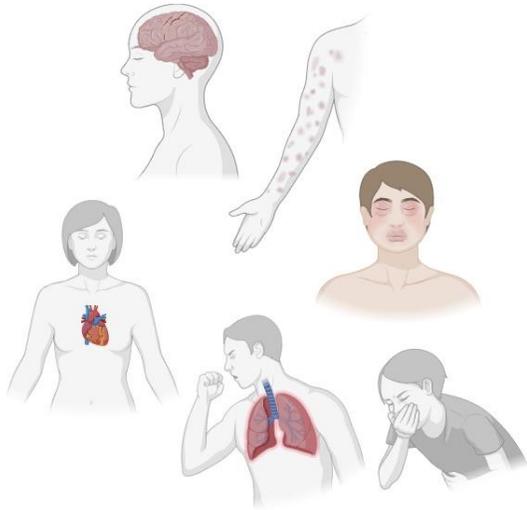


Complete resolution of symptoms



Symptoms do NOT return  
No NEW symptoms





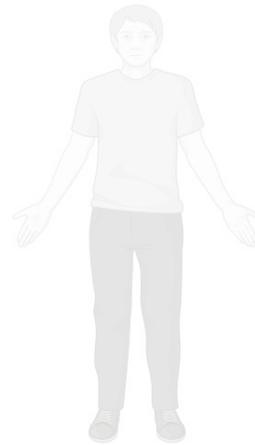
Symptoms of anaphylaxis



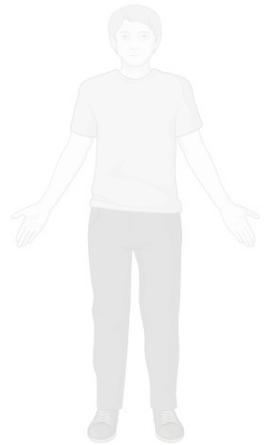
First dose of epinephrine



5-15 minutes

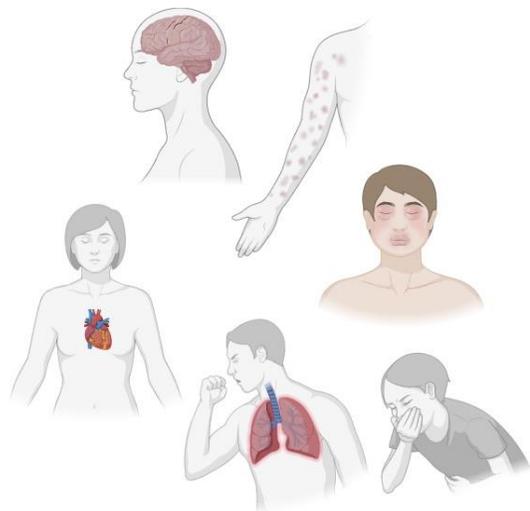


Complete resolution of symptoms

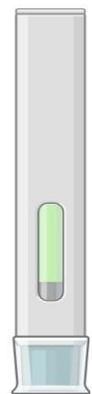


Symptoms do NOT return  
No NEW symptoms





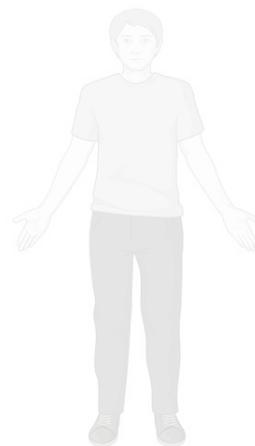
Symptoms of anaphylaxis



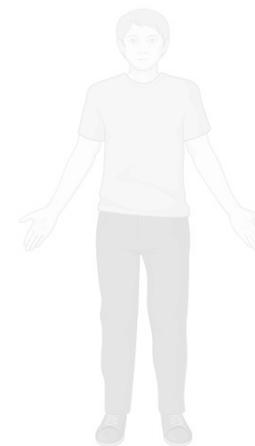
First dose of epinephrine



5-15 minutes

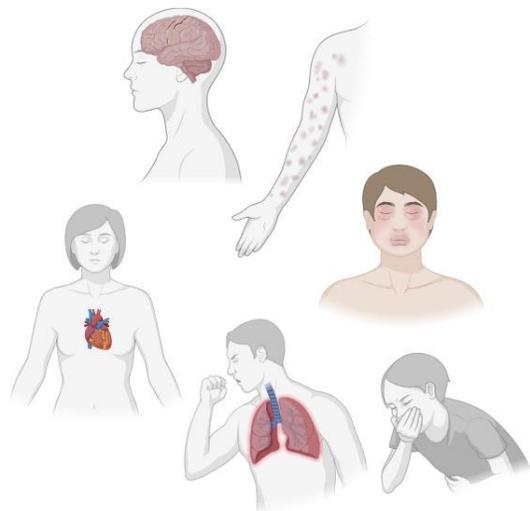


Complete resolution of symptoms



Symptoms do NOT return  
No NEW symptoms





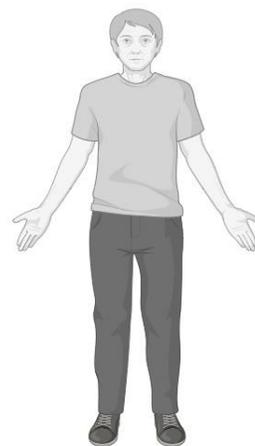
Symptoms of anaphylaxis



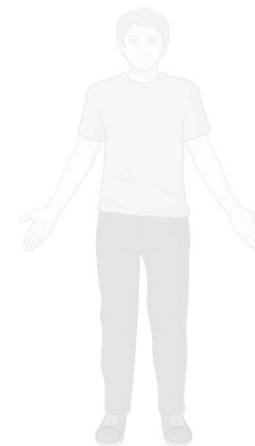
First dose of epinephrine



5-15 minutes

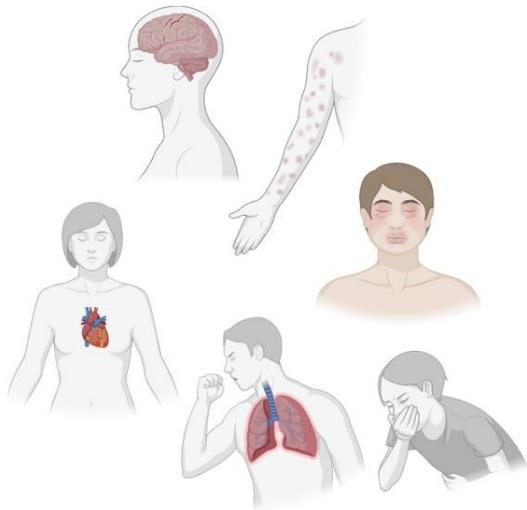


Complete resolution of symptoms



Symptoms do NOT return  
No NEW symptoms





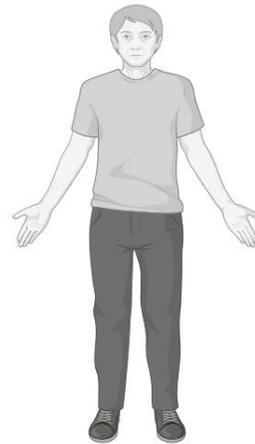
Symptoms of anaphylaxis



First dose of epinephrine



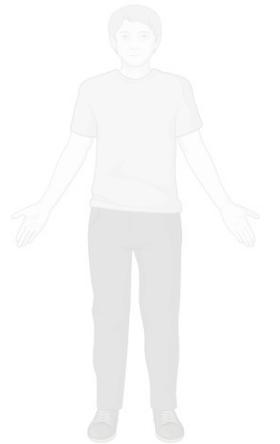
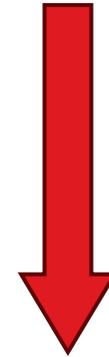
5-15 minutes



Complete resolution of symptoms

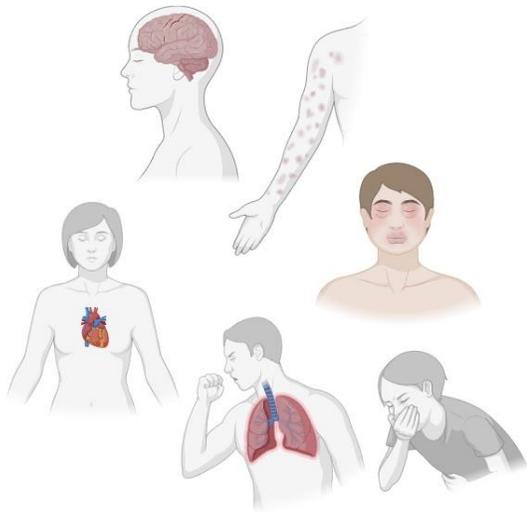


As time passes...



Symptoms do NOT return  
No NEW symptoms





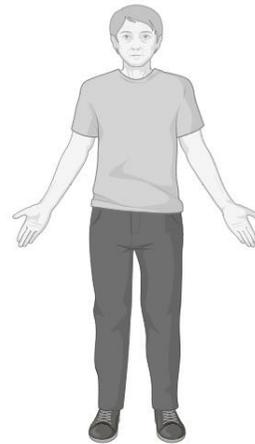
Symptoms of anaphylaxis



First dose of epinephrine



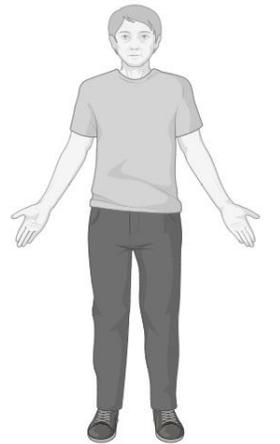
5-15 minutes



Complete resolution of symptoms

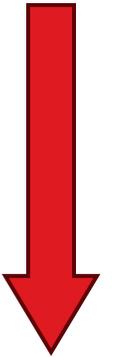


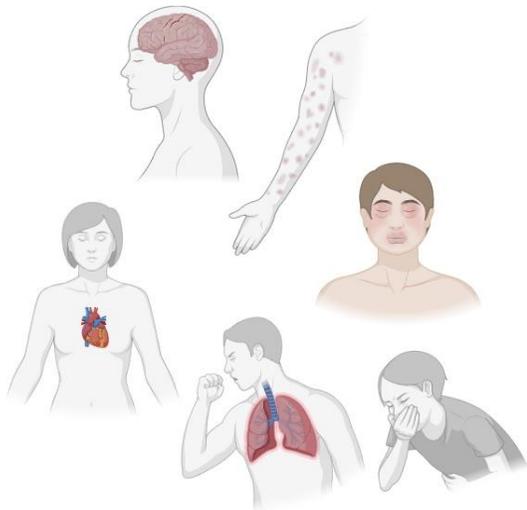
As time passes...



Symptoms do NOT return

No NEW symptoms 





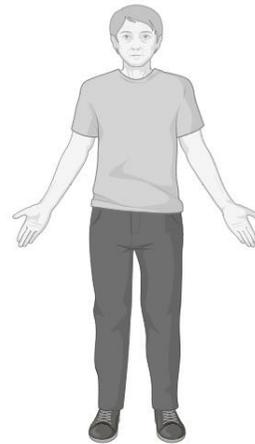
Symptoms of anaphylaxis



First dose of epinephrine



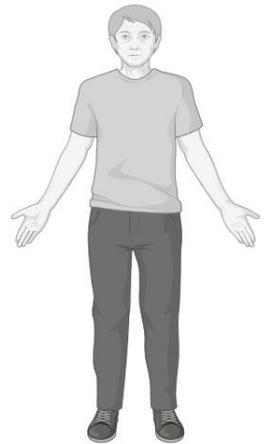
5-15 minutes



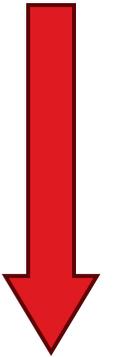
Complete resolution of symptoms



As time passes...



- Symptoms do NOT return
- No NEW symptoms



YAAAAAY!!!!!!!



# Under the new guidelines for home management of anaphylaxis...

**You may NOT need to activate emergency medical services (call 911) if**

- ❖ You have a physician-approved plan.
- ❖ You are at home.
- ❖ You are with someone who can monitor your symptoms.
- ❖ You have more than one dose of epinephrine.
- ❖ Your anaphylaxis is NOT severe.
- ❖ After the 1<sup>st</sup> dose of epinephrine:
  - Symptoms cleared up QUICKLY (5-15 minutes) and COMPLETELY AND
  - Symptoms did NOT come back AND
  - NO new symptoms

 **ALL** of these must apply

**You MUST activate EMS if:**

- ❖ Your physician has not approved a home management plan
- ❖ You are NOT at home.
- ❖ You are alone.
- ❖ You do NOT have more than one dose of epinephrine.
- ❖ Your anaphylaxis is severe.
- ❖ After the 1<sup>st</sup> dose of epinephrine:
  - Symptoms do NOT clear up OR
  - Symptoms come back OR
  - You develop NEW symptoms

 **If ANY** of these apply → 911



# Special considerations

*For people with alpha-gal syndrome*

# People with alpha-gal syndrome...

- ❖ Often have anaphylactic reactions that are
  - Severe
  - Biphasic
  - Unpredictable
- ❖ Often live in remote, rural areas without easy access emergency medical services

AGS can make home management of anaphylaxis trickier.

# In summary, home management of anaphylaxis...

- ❖ May be appropriate for some patients (NOT everyone)
- ❖ Requires you understand how to recognize and respond to anaphylaxis
- ❖ Requires a plan approved by your physician
- ❖ Is only appropriate when certain conditions are met (sometimes, NOT always)
- ❖ Finally, it requires quick, complete, and durable (lasting) resolution of symptoms after your first dose of epinephrine!



# ALWAYS activate EMS if

- ❖ Anaphylaxis is severe
- ❖ After 1<sup>st</sup> dose of epinephrine:
  - Symptoms do NOT resolve promptly OR
  - Symptoms do NOT resolve completely OR
  - Symptoms return OR
  - New symptoms develop.



Remember...

these are guidelines, NOT rules

Everyone is different, and *your allergist's judgment is your best guide.*



# Final thoughts...

## Epi First, Epi Fast!



## Carry Two!



# Resources

## ❖ FARE

- Recognizing and Responding to Anaphylaxis course



## ❖ Alpha-gal Information: Providers

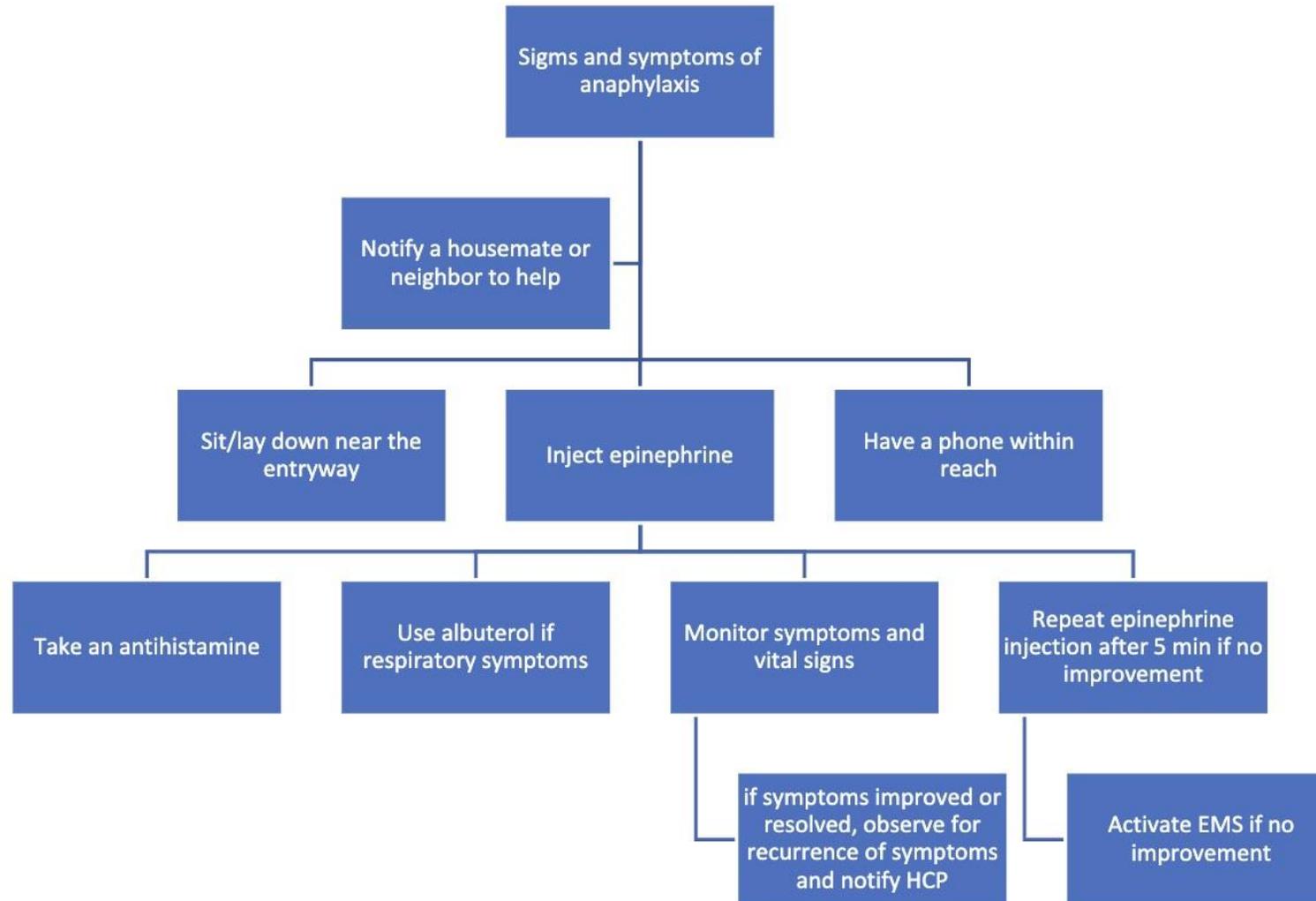
- Anaphylaxis resources



## ❖ FARE

- Anaphylaxis Emergency Care Plan





**FIGURE 1.** Algorithmic approach for at-home anaphylaxis management. *HCP*, Health care provider.

Casale TB, Wang J, Oppenheimer J, Nowak-Wegrzyn A. Acute at-home management of anaphylaxis: 911: What is the emergency? *J Allergy Clin Immunol Pract.* 2022;10(9):2274-2279.



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- ❖ Wang J, Lieberman JA, Wallace DV, Wasserman S, Golden DBK. Anaphylaxis in practice: A guide to the 2023 practice parameter Update. *J Allergy Clin Immunol Pract*. 2024;12(9):2325-2336.

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Thank you for your time!



Questions?