

Anaphylaxis (including idiopathic anaphylaxis, possible reaction to drug, insect sting, food, exercise, etc.)

Developed by	The American Academy of Allergy, Asthma & Immunology (AAAAI) and the American College of Allergy, Asthma and Immunology (ACAAI)
How developed	Prepared by task force of the AAAAI and the ACAAI with approval by both organizations
Additional essential patient information	History is essential and patients are more likely to remember preceding events more clearly closer to the event. Therefore the following history should be obtained: <ul style="list-style-type: none"> • List of all foods consumed and drugs taken within the 4 to 6 hours preceding the event • Circumstances of a preceding bite or sting • Preceding activities (exercise, sexual)
Additional patient information, if available	Tryptase levels (be sure to note when the tryptase was drawn in relation to the time of the event)
Alarm symptoms/conditions	Prescribe intramuscular epinephrine for possible future episode. Antihistamines often inadequate
Tests/procedures to avoid prior to consult	See Choosing Wisely section
Common rule-outs to consider prior to consults	None provided
Relevant "Choosing Wisely" elements	<ul style="list-style-type: none"> • Do not order specific IgE testing for foods • Do not be concerned about allergy reaction to egg protein in influenza and other egg based vaccines
Healthcare professional and/or patient resources	<p>Healthcare Professional Information:</p> <p>Lieberman et al. The Diagnosis and Management of Anaphylaxis Practice Parameter: 2010 Update. J Allergy Clin Immunol. 2010; 126: 477-80</p> <p>Update on influenza vaccination of egg allergic patients: Ann Allergy Asthma Immunol 2013; 111: 301-302</p> <p>Healthcare Professional and Patient Information:</p> <p>http://www.aaaai.org</p> <p>http://www.acaai.org</p>