Ashford and St. Peter's Hospitals
NHS Foundation Trust

Prescribing Adrenaline Auto-injectors in Paediatric A+E

To be used in conjunction with the Management of Anaphylaxis Guideline.

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Guideline History		
Date	**Comments**	**Approved By**
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June 2026	Reviewed no change	Paediatric Guideline Committee

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Prescribing Adrenaline Auto-injectors in Paediatric A+E Guideline

Introduction

The purpose of this guideline is to support decision making when prescribing an adrenaline autoinjector on discharge from hospital or paediatric A+E, for all children aged 0-18 years.

Adrenaline auto-injectors are first aid measures for early self-administration to improve outcomes of severe allergic reaction.

When to prescribe an Adrenaline Autoinjector (AAI)

- After emergency treatment for suspected anaphylaxis or allergic reaction, a decision must be made on the provision of new adrenaline auto-injectors at discharge. The decision will be based upon severity of allergic reaction and a risk assessment determining the likelihood of further anaphylactic reaction, **See decision flow chart.**
- After acute anaphylaxis, an adrenaline auto-injector should always be prescribed in the emergency department, and an allergy referral immediately triggered.[1]
- **Those who have used their own adrenaline autoinjectors should receive a new prescription at discharge.**

When it has been decided to provide an adrenaline autoinjector at discharge:

- Give prescription for **2x adrenaline autoinjectors** and associated training pack.
- 2 further pens to be prescribed by GP.

<u>Adrenaline Brands: Available in Paediatric A+E TTO Cupboard</u>

EpiPen 150mcg and 300mcg	***Jext*** 150mcg and 300mcg
<15-25kg give *EpiPen Jr* **150mcg**	<15-30kg give *Jext* **150mcg**
>25kg give *EpiPen* **300mcg**	>30kg give *Jext* **300mcg**

https://www.epipen.co.uk/	https://jext.co.uk/

Parental Education and Training

If adrenaline autoinjector is prescribed at discharge, appropriate training and education should be given. Successful education will prevent further reactions and the need to use the adrenaline autoinjector. This training will be reinforced during allergy clinic appointment. Training should be renewed every 2 years.

Information given on discharge should include:

- Individual Allergy Action Plan:
https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

- Information about anaphylaxis, including signs/symptoms of an anaphylactic reaction.
- Information about the risk of biphasic reaction.
- Information on what to do if an anaphylactic reaction occurs: use of the adrenaline injector and call emergency services.
- A demonstration of the correct use of the adrenaline injector and when to use it. (Training devices are available in A+E).
- Advice to carry the AAI with the patient at all times.
- Advice about how to avoid the suspected trigger/s (if known).
- Information about the need for referral to a specialist allergy service and the process.
- Information about patient support groups for example: BSACI and Allergy UK.

Formal training can be provided by Specialist Allergy nurses

email: asp-tr.paedsallergyresnurses@nhs.net

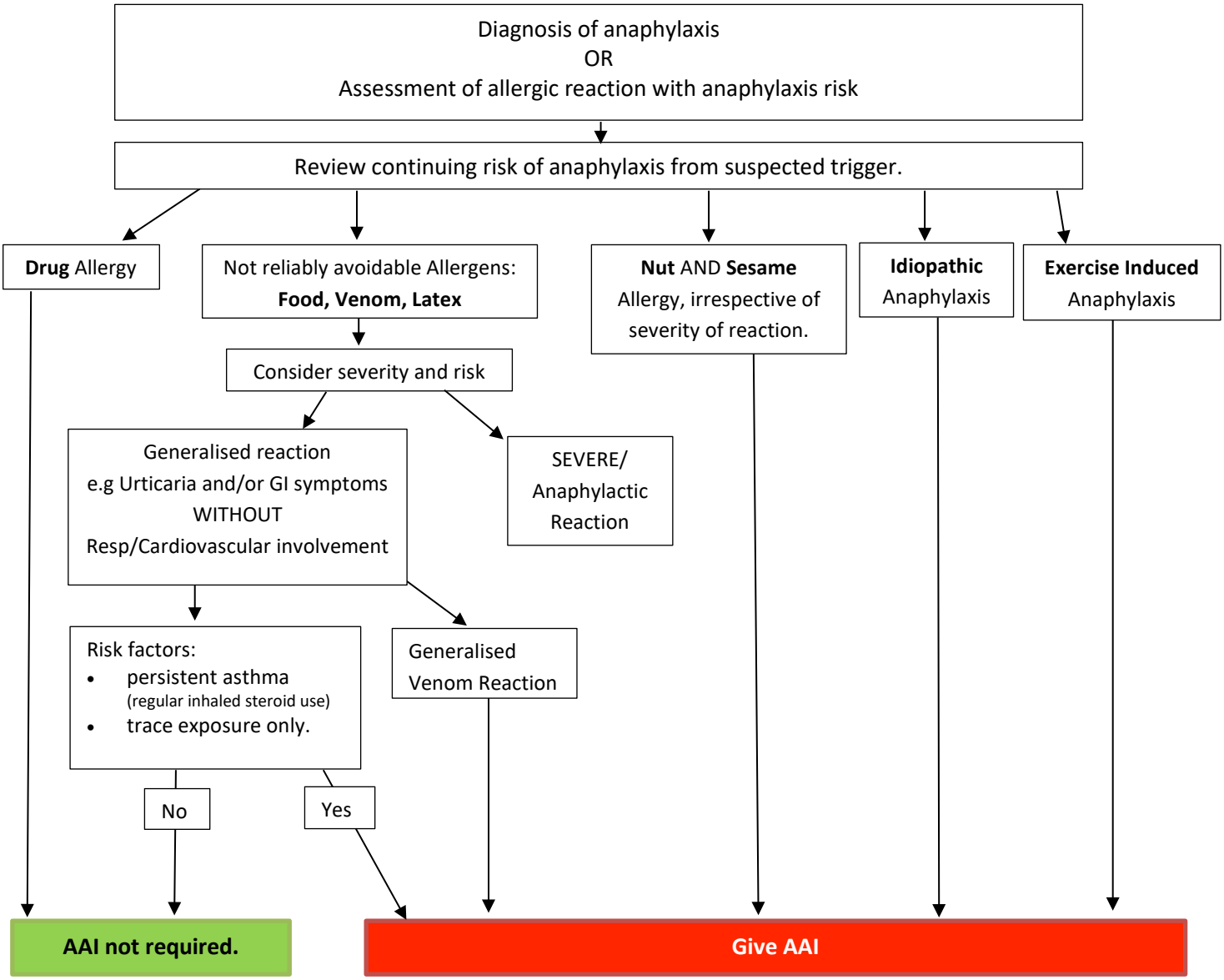
★**Adrenaline Training Information Leaflet for Parents:**
http://www.ashfordstpeters.info/images/leaflets/PA138.pdf

Other helpful resources:

1. Click here to access the Department of Health guidance on the use of AAIs in schools **www.sparepensinschools.uk**
2. Further information available on EpiPen and Jext websites.

★ **Ensure referral is made to allergy clinic for follow up** ★

When to prescribe an Adrenaline Autoinjector (AAI) Flowchart



Absolute Indications:

- Previous cardiovascular and respiratory reaction to a food, insect sting or latex
- Exercise induced anaphylaxis.
- Idiopathic anaphylaxis
- Child with food allergy and co-existent persistent asthma

Other Relative Indications:

- Remoteness of home from medical facilities.
- Food allergic reaction in a teenager.

2. Supporting References

1. NICE Clinical Guideline [CG134]. Anaphylaxis: assessment and referral after emergency treatment. Dec 2011. Last updated August 2020.
2. Ewan P, et al. BSACI guideline: prescribing an adrenaline auto-injector. Clin Exp Allergy. 2016;46:1258-1280. Doi:10.1111/cea.12788.
3. BSACI Paediatric Allergy Action Plans.

3. Supporting relevant trust guidelines

Guideline for the Management of Anaphylaxis.

https://ashfordstpeters.net/Guidelines_Paediatrics/Anaphylaxis%20Dec%202019.pdf

BSACI Paediatric Allergy Action Plans.

https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Adrenaline Training Information Leaflet from the Paediatric Allergy Department.

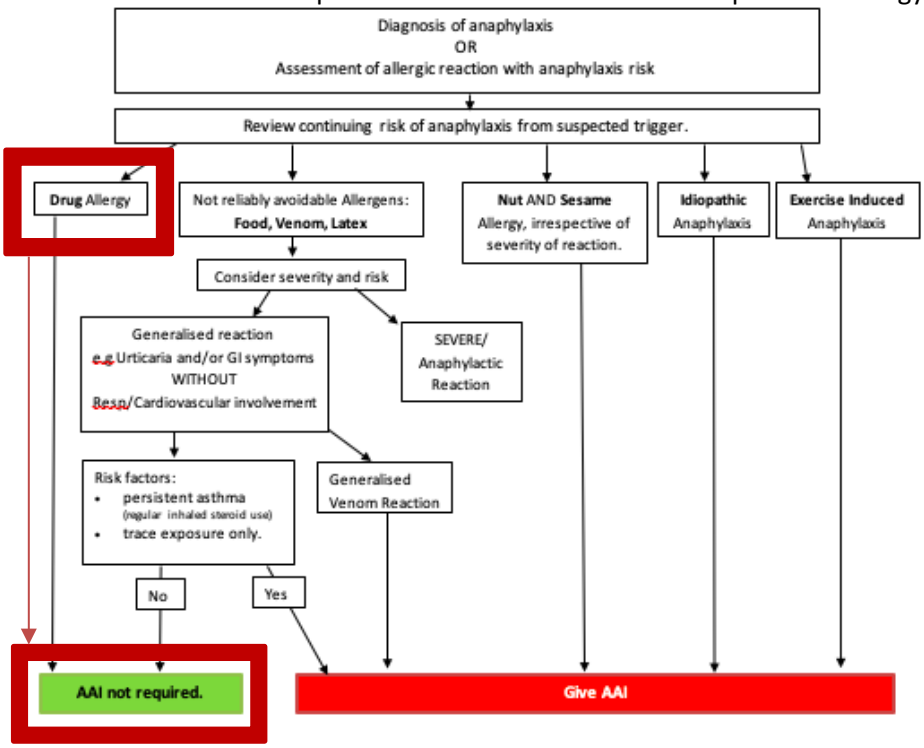
https://www.ashfordstpeters.info/images/leaflets/PA138.pdf

4.APPENDIX 1: CASE Examples to guide the use of the decision flowchart.

CASE 1: A 3 year old girl with no past medical history, diagnosed in Paediatric A+E with Tonsillitis. After 1st dose of Penicillin V she developed widespread urticaria, wheeze and hypotension. She successfully responded to anaphylaxis treatment and was admitted to the ward for observation.

Should adrenaline autoinjectors be prescribed at discharge?

Answer: NO
This is an anaphylactic reaction to a drug. On review of her continued risk, drug allergens are avoidable and therefore she does not need an AAI. She should have the drug allergy clearly documented on her medical records and her parents should be informed of her penicillin allergy.

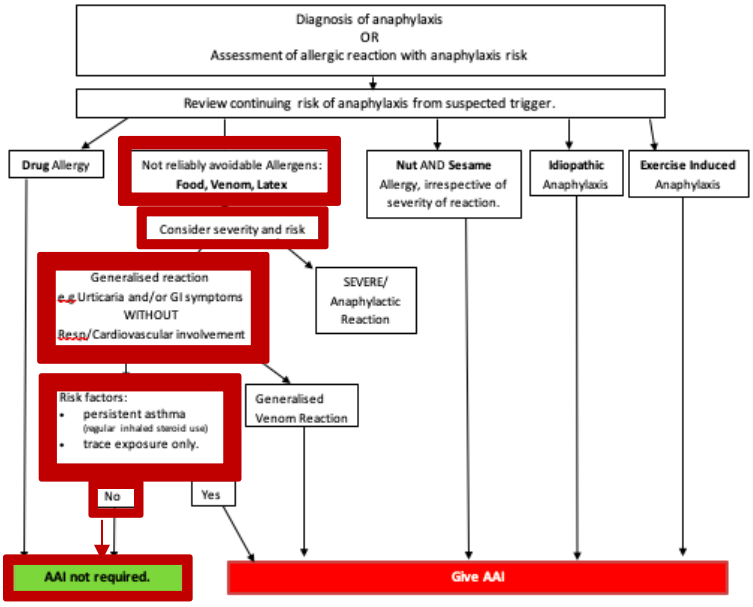


CASE 2: A 7 month old girl with no past medical history, presents to A+E with acute onset of vomiting and diarrhoea after trying scrambled egg for the first time. She was well on examination without rash or wheeze. She was cardiovascularly stable

Should adrenaline autoinjectors be prescribed at discharge?

Answer: NO
A food allergen is NOT reliably avoidable and severity of reaction should be considered. This child appears to have had a reaction to half cooked egg and has developed GI symptoms without cardiovascular or respiratory compromise. There is no history of persistent/poorly controlled asthma

and she has had more than trace exposure therefore she does not require an AAI. She warrants referral to allergy clinic and should avoid half cooked egg, although can continue eating baked egg foods that she has previously tolerated.

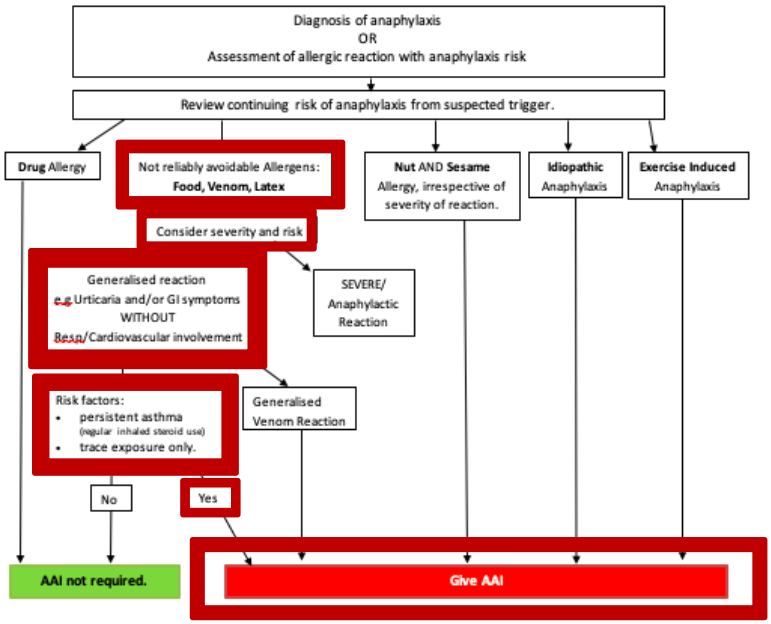


CASE 3: A 7 year old boy presents to A+E by ambulance. He has had multiple previous admissions for severe exacerbation of asthma and is on tropical treatment for eczema. He has no known allergies. He was at a birthday party and developed vomiting and widespread urticaria after a bite of prawn cocktail. His rash improved with antihistamine administered by the paramedics. He is well on arrival to A+E, with no respiratory distress, clear chest and normal blood pressure and heart rate.

Should adrenaline autoinjectors be prescribed at discharge?

Answer: YES

This child appears to have had an allergic reaction to shellfish (prawn) without respiratory or cardiovascular compromise (not developed anaphylaxis). He has poorly controlled asthma, therefore he should be given an AAI and allergy clinic follow up. He should avoid shellfish.

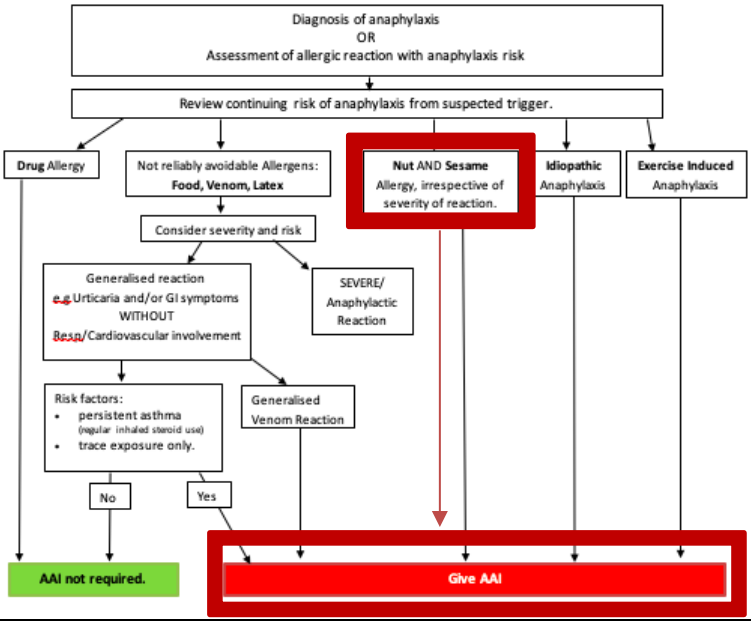


CASE 4: An 8 month old boy with no past medical history, presents to A+E with facial rash and lip swelling which occurred immediately after eating a bite of peanut butter on banana. The rash and lip swelling resolved with a dose of antihistamine. There was no respiratory or cardiovascular compromise.

Should adrenaline autoinjectors be prescribed at discharge?

Answer: YES

This child has had an allergic reaction to peanut butter. Any child with a suspected nut allergy should be prescribed an AAI irrespective of severity of reaction. They should be told to avoid nuts and referred to allergy clinic.



5.Guideline Governance

a. Scope

This guideline is relevant to all staff caring for all children from 0-18 years old across the emergency department, inpatient ward and outpatient department.

b. Purpose

i. This guidelines aims to facilitate a common approach to the management of children. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.

ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

All healthcare professionals responsible for the care of all children 0-18years should be aware of practice according to this guideline.

d. Approval and Ratification

This guideline will be approved and ratified by the Paediatric Guidelines Group.

e. Dissemination and Implementation

i. This guideline will be uploaded to the trust intranet 'Paediatric Guidelines' page and thus available for common use.
ii. This guideline will be shared as part of ongoing education within the Paediatric Department for both medical and nursing staff.
iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Paediatric Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

g. Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Author (Dr Charlotte Card) and the supervising consultant (Dr Ruth Mew).
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no evidence of discrimination.
Conclusion • Provide a summary of the overall conclusions
There is no evidence of discrimination.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
This guideline is appropriate for use.

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Prescribing Adrenaline Auto-injectors in Paediatric A+E

Policy (document) Author: Dr Charlotte Card

Executive Director: N/A

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Yes**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Yes**	**Guideline**
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Yes**	
	Is the purpose of the document clear?	**Yes**	
	Are the intended outcomes described?	**Yes**	
	Are the statements clear and unambiguous?	**Yes**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**N/A**	
	Who was engaged in a review of the document (list committees/ individuals)?		Dr Ruth Mew, Paediatric Consultant Dr Fiona McCarthy, Paediatric Consultant
	Has the policy template been followed (i.e. is the format correct)?	**Yes**	
4.	**Evidence Base**		

		Yes/No/ Unsure/NA	Comments
	Is the type of evidence to support the document identified explicitly?	**Yes**	
	Are local/organisational supporting documents referenced?	**Yes**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Yes**	**Paediatric Guidelines Group**
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**N/A**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Yes**	Dissemination to paediatric department and Trust Intranet Guidelines
	Does the plan include the necessary training/support to ensure compliance?	**N/A**	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**N/A**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Yes**	**Next review date 3 years.**
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?		

		Yes/No/ Unsure/NA	Comments
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	**Yes**	

Committee Approval (Paediatric Guidelines Group)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Dr Alexandra Jones**	**Date**	**03/07/2026**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			