ANAPHYLAXIS RECOGNITION AND RESPONSE

WASHINGTON STATE UNIVERSITY

<u>Anaphylaxis:</u> A severe, life-threatening systemic allergic reaction that requires immediate medical attention. Beekeeping increases risk of anaphylaxis since there is increased exposure to honey bee stings.

ANAPHYLAXIS RECOGNITION

Don't wait to summon emergency care!

Anaphylaxis typically begins within 5-30 minutes to more than an hour after being exposed to an allergen. Some people have delayed anaphylaxis and experience symptoms several days later.

After exposure to an allergen...

Experiencing **ONE or more severe** reactions? It might be anaphylaxis.

- Shortness of breath, wheezing, repetitive cough
- Pale or blueish skin, faintness, weak pulse, dizziness
- Throat tightness, trouble swallowing, swelling of tongue or lips
- Many hives over the body, widespread redness
- Repetitive vomiting or severe diarrhea
- A feeling that something bad will happen, anxiety, confusion

Experiencing **TWO or more mild** reactions? It might be anaphylaxis.

- Itchy and/or runny nose, sneezing
- Itchy mouth
- A few hives and mild itching
- Nausea or discomfort

ANAPHYLAXIS RESPONSE

EPINEPHRINE ON HAND:

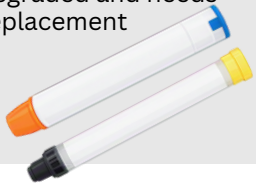
1. Immediately administer epinephrine. Elevate legs if using an autoinjector.
2. Call **911**
3. Get person to sit or lay down in a safe area. Monitor them. Take anti-histamine (non-sedating) if possible. Give second dose of epineprine if they seem to improve, then get worse.
4. Transport person to the emergency room

EPINEPHRINE IS <u>NOT</u> ON HAND:

1. Call **911 & request epinephrine with ambulance**
2. Lay person to down in a safe area. Keep them warm. Lie on side if unable to breathe or vomiting. Monitor. Stay calm until help comes. Try to get them to inhale from rescue inhaler if they have one. Take anti-histamine (non-sedating) if possible.
3. Transport person to the emergency room

COMPARISON OF EPINEPHRINE AUTOINJECTORS VS. NASAL SPRAY

• One intramuscular injection by needle. Second autoinjector used if symptoms appear to improve, then get worse.	• One spray in nostril. Second spray goes into same nostril five minutes later if symptoms don't improve.
• Wilderness Medical Society recommends autoinjectors over nasal spray	• Good option for people with needle-aversion
• Has viewing window to see if medicine inside has degraded and needs replacement	• Studies show equally efficacious as autoinjectors but currently have limited evidence from real-life applications.
	• No viewing window; hard to see if medicine inside has degraded



Remember: Any version of epinephrine is better than nothing for treating for anaphylaxis

Look at prescribing information for administration instructions, proper dosing, adverse reactions, drug interactions, and more.

Informational flyer made by WSU Bee Program and Dr. Kelsey Mader, WSU Elson S. Floyd College of Medicine, Created August 2026