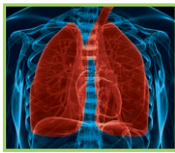


Clinical criteria for diagnosing anaphylaxis.^{1*}

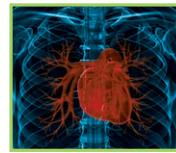
Anaphylaxis is highly likely when any 1 of the following 3 criteria is fulfilled following exposure to an allergen:

1

Acute onset of an illness (minutes to several hours) **with involvement of the skin, mucosal tissue, or both** (e.g. generalized hives, pruritis or flushing, swollen lips-tongue-uvula) **and at least 1 of the following:**



a. Respiratory compromise
(e.g. dyspnea, wheeze-bronchospasm, stridor, reduced PEF[†], hypoxemia)



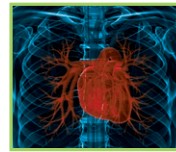
b. Reduced BP[‡] or associated symptoms of end-organ dysfunction (e.g. hypotonia [collapse], syncope, incontinence)

2

2 or more of the following that occur rapidly after exposure to a likely allergen for that patient (minutes to several hours):



a. Involvement of the skin-mucosal tissue
(e.g. generalized hives, itch-flush, swollen lips-tongue-uvula)



c. Reduced BP or associated symptoms (e.g. hypotonia [collapse], syncope, incontinence)



b. Respiratory compromise
(e.g. dyspnea, wheeze-bronchospasm, stridor, reduced PEF, hypoxemia)



d. Persistent gastrointestinal symptoms
(e.g. painful abdominal cramps, vomiting)

3

Reduced BP after exposure to a known allergen for that patient (minutes to several hours):



a. Infants and children: Low systolic BP (age specific) or greater than 30% decrease in systolic BP[§]



b. Adults: Systolic BP of less than 90 mmHg or greater than 30% from that person's baseline

*These criteria need to be subjected to a prospective, multicentre clinical trial to establish their utility and determine whether there is a need for further refinement.

[†] PEF = Peak expiratory flow

[‡] BP = Blood pressure

[§] Low systolic blood pressure for children is age-specific and defined as: <70 mmHg for age 1 month to 1 year; <70 mmHg + [2 x age] for age 1 to 10 years; <90 mmHg for age 11 to 17 years.



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For adults and children weighing 30 kg (66 lbs) or more



For children weighing 15–30 kg (33–66 lbs)



Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen Jr® Auto-Injectors



Blue to the sky

- Grasp with orange tip pointing downward
- **Remove blue safety cap by pulling straight up – do not bend or twist**



Orange to the thigh

- Place the orange tip against the middle of the outer thigh
- **Swing and push the auto-injector firmly into the thigh until it “clicks”**
- Hold in place for 3 full seconds



Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

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Indications and Clinical use:

- EpiPen® and EpiPen Jr® Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.
- Select dose according to patient's body weight.
- Inject into the outer thigh.
- Following treatment of anaphylaxis, the patient must call 911.

There are no absolute contraindications to the use of epinephrine in a life-threatening allergic situation.

Relevant Warnings and Precautions:

- Avoid use of epinephrine in patients with cardiogenic, traumatic, or hemorrhagic shock; cardiac dilation; cerebral arteriosclerosis; organic brain damage, and narrow-angle glaucoma

- Use with caution in patients with cardiac arrhythmias; coronary artery or organic heart disease; hypertension and hyperthyroidism
- Sulfite sensitivity
- Diabetes
- Parkinson's disease
- Not intended as a substitute for immediate medical care, the patient should seek immediate medical or hospital care
- More than two sequential doses of epinephrine should only be administered under direct medical supervision
- The patient/carer should be informed about the possibility of biphasic anaphylaxis
- Epinephrine should only be injected into the anterolateral aspect of the thigh. Hold child's leg firmly during injection
- Suboptimal effect in patients with a thick subcutaneous fat layer
- Injection site infections

For More Information:

Please consult the prescribing information at www.pfizer.ca/pm/en/EPIPEN.pdf for more information relating to adverse reactions, drug interactions, and dosing information, which has not been discussed in this piece. The prescribing information is also available by calling 1-800-463-6001.

References: 1. Sampson HA, Muñoz-Furlong A, et al. Second symposium on the definition and management of anaphylaxis: summary report – Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium. *J Allergy Clin Immunol* 2006;117:391–397. 2. EpiPen® and EpiPen Jr® Prescribing Information. Mylan, L.P., September 22, 2020.



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