

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	<p>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:</p> <ul style="list-style-type: none">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	<p>2 or more of the following that occur rapidly after exposure to a <u>likely</u> allergen for that patient (minutes to several hours):</p> <ul style="list-style-type: none">a. Involvement of the skin-mucosal tissue (e.g. generalized hives, itch-flush, swollen lips-tongue-uvula)b. Respiratory compromise (e.g. dyspnea, wheeze-bronchospasm, stridor, reduced PEF, hypoxemia)c. Reduced BP or associated symptoms (e.g. hypotonia [collapse], syncope, incontinence)d. Persistent gastrointestinal symptoms (e.g. painful abdominal cramps, vomiting)
3	<p>Reduced BP after exposure to a <u>known</u> allergen for that patient (minutes to several hours):</p> <ul style="list-style-type: none">a. Infants and children: Low systolic BP (age-specific) or greater than 30% decrease in systolic BP[§]b. Adults: Systolic BP of less than 90mmHg 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: <70mmHg for age 1 month to 1 year; <70mmHg + [2 x age] for age 1 to 10 years; <90mmHg for age 11 to 17 years.

Help your at-risk patients be prepared with the EpiPen® (epinephrine) Auto-Injector.



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



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



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

1



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.

2



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- When the EpiPen® Auto-Injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring 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.

To order your **FREE Training Kit** visit EpiPen.ca.

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. They are intended for immediate self-administration for the emergency treatment of severe allergic reactions (Type I), including anaphylaxis associated with foods, stinging and biting insects, medications, latex, other allergens, and for idiopathic and exercise-induced anaphylaxis. Selection of the appropriate dosage strength is determined according to patient body weight.

There are no absolute contraindications to the use of epinephrine in a life-threatening allergic situation. Epinephrine use should be avoided in patients with cardiogenic, traumatic, or hemorrhagic shock; cardiac dilation; and/or cerebral arteriosclerosis. Epinephrine use should be avoided in patients with organic brain damage and in patients with narrow-angle glaucoma. Administer with caution to elderly or hyperthyroid individuals, pregnant women, and individuals with cardiovascular disease or diabetes.

Adverse reactions of epinephrine include transient, moderate anxiety; feelings of over stimulation; apprehensiveness; restlessness; tremor; weakness; shakiness; dizziness; sweating; tachycardia; palpitations; pallor; nausea and vomiting; headache; and/or respiratory difficulties.

EpiPen® and EpiPen® Jr Auto-Injectors are designed as emergency supportive therapy only. They are not a replacement or substitute for subsequent medical or hospital care, nor are they intended to supplant insect venom hyposensitization.

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. Dey Pharma, LP, March 13, 2012.



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