

Anaphylaxis: Primary care consultation tool for a patient centred assessment

This tool has been created with allergy experts and sponsored by ALK-Abelló and is intended for UK healthcare professionals

How to make the most of this consultation tool

During new diagnosis or routine review, prompt a patient centred assessment using the consultation tool below and decision aid overleaf to inform whether the existing anaphylaxis plan should be continued, updated, or whether re-referral to secondary care is required.

Use the tool below as a guide: The purpose of the tool is to structure the consultation and help all parties cover as much information as possible, to improve patient outcomes. Use clinical judgement and adapt the assessment points and next steps, if needed.

Involve the patient and carer: Confirm whether the patient self-manages or has a carer. In paediatrics, establish who the responsible adult is as it is not always clear. Assess both the patient's and carer's perspectives throughout.

Address the needs of the patient: Give the patient and carer an opportunity to express what is important for them to discuss today. Consider asking: What feels most important to take away from this conversation?

Use open-ended questions: Explore the patient's and carer's perspectives and preferences, by allowing them to talk about their experiences in their own words.

Use previous reaction history to assess risk and control of anaphylaxis: Past experiences may be a good indicator of how the patient and carer feel about the risk and level of control today, as well as any potential barriers to prompt treatment with adrenaline.

Encourage a shared decision: Use the decision aid overleaf to guide a balanced discussion of available options, including route of administration, practical considerations and patient preferences.

	Patient profile	Patient lifestyle	Emotional impact	Treatment adherence	Training
Assessment points	- Need for and identification of a carer - Appropriateness of the current adrenaline dose for patient's weight - Triggers, previous reactions, and severity in the last 5 years - Co-morbidities (asthma), co-factors (stress), high risk groups (young adult) - Potential barriers to care and treatment	- Day-to-day allergy management, including strategies to avoid triggers and have continued access to adrenaline - Exacerbating factors - Impact of lifestyle choices on trigger avoidance and access to adrenaline	Feelings, concerns, worries about: - Allergy - Risk of anaphylaxis - Ability to recognise symptoms - Administer adrenaline in an emergency	- Understanding of treatment and its rationale - Willingness to carry adrenaline - Device maintenance and storage (including holidays) - Barriers to adherence - Confidence in using treatment - Anaphylaxis action plan	- Confidence in recognising anaphylaxis symptoms and prompt use of adrenaline - Correct adrenaline device technique - Access to anaphylaxis action plan and trainer device
Example questions	- Does the patient have a carer and who is it? - What happened during the last/most severe reaction from onset to resolution? How long ago was the last reaction? - Any recent exacerbations of co-morbidities?	- What does the patient's usual day and allergy management look like? - Is the patient exposed to exacerbating factors, such as (passive) smoking or pet dander? - What are their hobbies and do they impact anaphylaxis risk and access to adrenaline treatment?	- Has the patient had to use adrenaline and what was their experience? - How confident is the patient at administering adrenaline in an emergency? - What might prevent the patient administering adrenaline? - How does managing risks and using adrenaline impact their quality of life?	- What does the patient know about their treatment? - Did they bring their 2 devices with them? - Are the devices in date? How do they keep track of expiry dates? - Where is treatment normally kept? - When is it not carried?	- Can the patient explain when they would use adrenaline (from past experience)? - Can the patient demonstrate correct device technique? - How useful do they find their action plan, and do they practice with a trainer?
Next steps	- Involve the carer in the discussion and decision making - Adjust adrenaline dose to patient weight - Manage poorly controlled co-morbidities and high risk of anaphylaxis; refer if necessary - Adjust care to patient's needs	- Emphasise importance of allergen avoidance - Explore and address lifestyle barriers to consistent adrenaline carriage - Initiate anaphylaxis action plan, or update if necessary - Discuss alternative adrenaline devices	- Explore and address emotional barriers to adequate risk management and adrenaline carriage - Signpost to patient charities for support	- Discuss the rationale of treatment - Explore and address adherence issues - Address repeat prescription access and barriers - Discuss alternative adrenaline devices	- Demonstrate device use and reinforce technique - Review action plan. Offer saving it on their digital device to improve accessibility - Signpost to device website to re-order trainers

Anaphylaxis: Choosing between EURneffy® (2 mg adrenaline nasal spray) and EpiPen® (0.3 mg adrenaline auto-injector), EpiPen Jr® (0.15 mg adrenaline auto-injector), Jext® (150 mcg/300 mcg adrenaline auto-injector) or other adrenaline auto-injectors

Shared decision-making

Shared decision making is a joint process in which a healthcare professional works together with a patient to reach a decision about care.

Shared decision-making matters in anaphylaxis care because success depends on what the patient or their carer does under pressure. If the adrenaline device and plan do not fit the patient (and carer) preferences and day-to-day life, they are less likely to carry it consistently and use it without hesitation.

NICE and BSACI stress the importance of a shared-decision approach.^{1–3}



This decision aid is intended for healthcare professionals to help them structure their consultations with patients and carers, ensuring that all parties are involved in decisions about patient care.

EURneffy®⁴

Indicated in the emergency treatment of severe allergic reactions (anaphylaxis) due to insect stings or bites, foods, medicinal products, and other allergens as well as idiopathic or exercise-induced anaphylaxis. Treatment is indicated for adults and children with a body weight ≥ 30 kg.



EpiPen®, EpiPen Jr® and Jext®^{5–7}

Indicated in the emergency treatment of severe acute allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise induced anaphylaxis.



Device overview

Administration method

Nasal spray

Needle

Does not contain a needle

Experience

Clinical evidence with growing real-world experience since approval in the UK in July 2025

Approval

Approval based on bioequivalence to adrenaline auto-injectors

Dosing

Single use, for people weighing 30 kg or more

Size⁸

5.7 cm

Administration method

Intramuscular injection

Needle

Contains a needle

Experience

Real-world experience

Approval

Historical approval

Dosing

Single use, 150 mcg for people between 7.5–25 kg* or 15–30 kg†; 300 mcg for people over 25 kg* or 30 kg†

Size⁸

14–17 cm, depending on product

Storage and checks

Shelf life

30 months from date of manufacture

Storage and temperature

No special storage required

Light protection

Does not need protection from light

Check medication

No routine checks required

Shelf life

Adult 300 mcg: 24 months from date of manufacture*†
Paediatric 150 mcg: 19*–24† months after manufacture

Storage and temperature

Store below 25°C.
Do not freeze or refrigerate

Light protection

Sensitive to light. Keep the auto-injector in its outer carton* or carry case†

Check medication

Check the viewing window regularly. Don't use if the liquid is cloudy, coloured or has particles

How to use

Steps

1. Remove nasal spray from packaging. 2. Hold nasal spray with your thumb on the bottom of the plunger and one finger on either side of the nozzle. 3. Insert tip of nasal spray into nostril until your fingers touch your nose. 4. Press plunger firmly until it snaps up and sprays into the nostril.

Steps

1. Grasp the injector in your dominant hand with your thumb closest to the cap. 2. Remove cap. 3. Hold the injector ~10 cm away from outer thigh* or place directly against your thigh at 90°†. 4. Jab into the outer thigh at 90°. 5. Hold firmly for 3* or 10† seconds, then remove. 6. Massage the injection area for 10 seconds†.

After use

Disposal

Dispose of used device as per local requirements

Disposal

Dispose of the used device in the sharps bin, per local requirements



Please scan the QR code to access EURneffy® prescribing information



Please scan the QR code to access EpiPen Jr® 0.15 mg summary of product characteristics



Please scan the QR code to access EpiPen® 0.3 mg summary of product characteristics



Please scan the QR code to access Jext® prescribing information

Adverse events should be reported. Reporting forms and information can be found at <https://yellowcard.mhra.gov.uk>. Adverse events should also be reported to ALK-Abelló Ltd at drugsafetyuk@alk.net.

*EpiPen®/EpiPen Jr®-specific instructions. †Jext®-specific instructions.

References: 1. NICE. Visual summary. Available at: <https://www.nice.org.uk/corporate/ecd8/resources/visual-summary-pdf-9142523101>. Accessed: March 2026. 2. NICE. About shared decision-making. Available at: <https://www.nice.org.uk/what-nice-does/our-guidance/about-nice-guidelines/about-shared-decision-making>. Accessed: March 2026. 3. BASCI. EURneffy® statement. Available at: <https://www.bsaci.org/bsaci-eurneffy-statement>. Accessed: March 2026. 4. EURneffy®. Summary of product characteristics. 5. EpiPen®. Summary of product characteristics. 6. Jext®. Summary of product characteristics. 7. EpiPen Jr®. Summary of product characteristics. 8. Lowenthal et al. AAAAI 2022 poster.

This tool is intended as a practical aid to structure an anaphylaxis consultation and support shared decision-making. It does not replace clinical judgement, local pathways, or specialist advice, and clinicians should always individualise decisions based on the patient's history, risk factors, and circumstances.