

**Guidance for the Provision of Adrenaline Auto Injectors (AAIs)
for Anaphylaxis by General Practitioners**



Recommendations for Adrenaline Auto Injectors (AAI)	
Adults	Two Adrenaline Auto Injectors devices to be prescribed and carried in person.
Children	Two Adrenaline Auto Injectors devices to be prescribed and carried in person. NB No additional AAIs to be prescribed for storage at school
To ensure patients receive the auto-injector device that they have been trained to use, prescribe AAIs by brand	

Adrenaline Auto Injectors (AAI) currently available are – **Emerade[®]**, **Epipen[®]** and **Jext[®]**

1. General Principles

- a) Information that a person has a serious allergy and may be prone to anaphylaxis may come from a number of sources, including parents, consultant paediatricians and other hospital doctors
- b) Advice on specific management of prescribed treatment should be clearly set out by the doctor initiating treatment
- c) Parents and or carers should be fully involved in all decisions and families supported in the management of this condition and any anxieties relating to it
- d) Demonstration of the correct use of the adrenaline auto injector (the side of the thigh in the middle between the hip and the knee) and when to use it for anaphylaxis is the responsibility of the initiator and should take place on the ward before discharge, in the outpatient clinic by experienced hospital staff or if initiated in primary care by a health care professional at the GP practice. Trainer devices are available for free from the manufacturers' websites (table 1)
- e) It is the parent and or carers responsibility to obtain further auto injectors for anaphylaxis from their GP for replacement after use and before the expiry date
- f) Prescribers may wish to enquire the location of a patient's auto-injectors during consultation
- g) Advise patients to carry **two** auto injectors on their person at all times, to call 999 immediately after every use of an auto-injector and ask for an ambulance and state "anaphylaxis", **even if symptoms are improving**

2. National Guidance

The Medicines and Healthcare Products Regulatory Agency ([MHRA](#)) (updated August 2018) has provided advice for healthcare professionals on the provision of AAls, states:

- a) *It is recommended that 2 adrenaline auto-injectors are prescribed, which patients should carry at all times*
- b) *Ensure that people with allergies and their carers have been trained to use the particular auto-injector that they have been prescribed—technique varies between injectors*
- c) *encourage people with allergies and their carers to obtain and practise using a trainer device (available for free from the manufacturers' websites)*

3. Prescribing of AAls for Anaphylaxis

- a) Prescribe AAls by brand as there are important differences between the triggering mechanisms. The current licensed brands available are Epipen[®], Jext[®] and Emerade[®]
- b) These devices automatically inject a fixed dose of Epinephrine and therefore are very easy and safe to use
- c) In line with MHRA recommendation - **TWO** auto-injectors should be prescribed per patient and the patient should be advised to carry them both with them at all times
- d) Note that Adrenaline can fail to reverse the clinical manifestation of an anaphylactic reaction, especially when its use is delayed or in patients treated with beta-blockers. The decision to prescribe a beta-blocker to a patient at increased risk of an anaphylactic reaction should be made only after assessment by a competent clinician




4. Using emergency adrenaline auto-injectors in schools

- a) From 1st October 2017, [schools](#) in England were allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working
- b) GPs should not be asked to prescribe spare/back-up AAls to be held at schools. Schools should ensure that each child's two prescribed AAls are either with the child at all times or held accessible and available during the school day and not located more than five minutes away from where they may be needed. The prescribed AAI must be with the child when travelling to and from school
- c) A template letter is available to support practices, please see appendix A

References

- [NICE CG134](#), Anaphylaxis: assessment to confirm an anaphylactic episode and the decision to refer after emergency treatment for a suspected anaphylactic episode. 2021
- [Resuscitation Council](#) (UK). Emergency treatment of anaphylactic reactions, Guidelines for healthcare providers 2021
- Medicines and Healthcare products Regulatory Agency (MHRA) - Adrenaline auto-injectors: updated advice after European review. August 2017 <https://www.gov.uk/drug-safety-update/adrenaline-auto-injectors-updated-advice-after-european-review>
- Department of Health - Using emergency adrenaline auto-injectors in schools. September 2017 <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Table 1

Auto Injector	EpiPen®/EpiPen Jr®	Jext®	Emerade®
			
Dosing and cost information (from product SPCs)	150mcg for children 7.5kg-25 kg £34.30	150mcg for children 15kg- 30kg £34.30	150mcg for children 15kg- 30kg £34.30
	300mcg for children and adults over 25kg £34.30	300mcg for children and adults over 30kg £34.30	300mcg for children and adults 30-60kg £34.30
			300-500mcg for patients over 60kg (dose depending on clinical judgement) £26.99
	If required a second dose should be used 5-15mins after initial dose		
Maximum Shelf-life	18months (from manufacturer)	18months (from manufacturer)	18months (from manufacturer)
Patient information leaflet	EpiPen® and EpiPen Jr® auto-injectors	Jext® pre-filled pens	Emerade® adrenaline auto-injectors
Manufacturers' Educational material	EpiPen® user guide and instruction video	Jext® instructions for use and instruction video	Emerade® patient brochure and instruction video
Other useful resources	British Society for Allergy & Clinical Immunology (BSACI): Allergy Action plans for Children MHRA: Advice sheet to give to patients and carers		

Dear Head Teacher,

Re: The provision of adrenaline auto-injectors (AAIs) for schools

We understand that the parents of have recently been asked by your school to obtain a GP prescription for some extra AAIs (Epipen[®] / Epipen Jnr[®] / Emerade[®] / Jext[®]) for the purpose of being kept at the school. The provision of extra AAIs intended to be kept at a school is not the responsibility of the patient's GP.

Barking & Dagenham, Havering and Redbridge Integrated Care Partnership (BHR ICP) Area Prescribing Committees (APC) have agreed that GP prescribing of AAIs is restricted to **Two devices**, which are to be carried in person by the patient. This is in line with updated MHRA advice for healthcare professionals on the provision of AAIs.

From 1st October 2017, schools in England were allowed to purchase AAI devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. The Department of Health Guidance on the use of adrenaline auto-injectors in schools -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

For ease of reference it states (page 5):

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices, if they wish, for use in emergencies. This will be for any pupil who holds both medical authorisation and parental consent for an AAI to be administered. The AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

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Schools can purchase AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed: i.e. small quantities on an occasional basis and the school does not intend to profit from it.

With regulatory changes, allowing schools to purchase extra AAIs, BHR ICP have reminded its prescribers that provision of extra AAIs for schools is the responsibility of the school, any request to prescribe extra AAIs to keep at the school should be refused. We hope this clarifies the situation.

Yours faithfully,

A Sharma

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