

smarter **medicine**

Choosing Wisely Switzerland



Société Suisse d'Allergologie et d'Immunologie
Schweizerische Gesellschaft für Allergologie und Immunologie
Swiss Society for Allergology and Immunology

Top-5-Liste

CCS – some of our topics from 2023

Smarter Medicine

Non-profit organization pursues the goal of ensuring that medical measures are only used if they are actually beneficial; promotes discussion and research into unnecessary treatments.

1. Don't measure specific serum IgG or leukocyte activation (ALCAT) tests to diagnose food allergy or intolerance.
2. Don't delay intramuscular adrenaline in anaphylaxis.
3. Don't treat allergic rhinitis or asthma with corticosteroid depot injections.
4. Don't miss immunodeficiency in your patient with recurrent pneumonia.
5. Don't order auto-antibodies without good clinical suspicion for an auto-immune disease.



Paul Scheidegger MD • Sie

Med-Space.ch – the most fun space for s...

1 Monat •



Smarter Medicine 2024 from the [Swiss Society for Allergy and Immunology \(SSAI\)](#)

Maria M. Wertli und 7 weitere Personen



Gefällt

mir



Kommentar



Teilen



Senden



579 Impressions

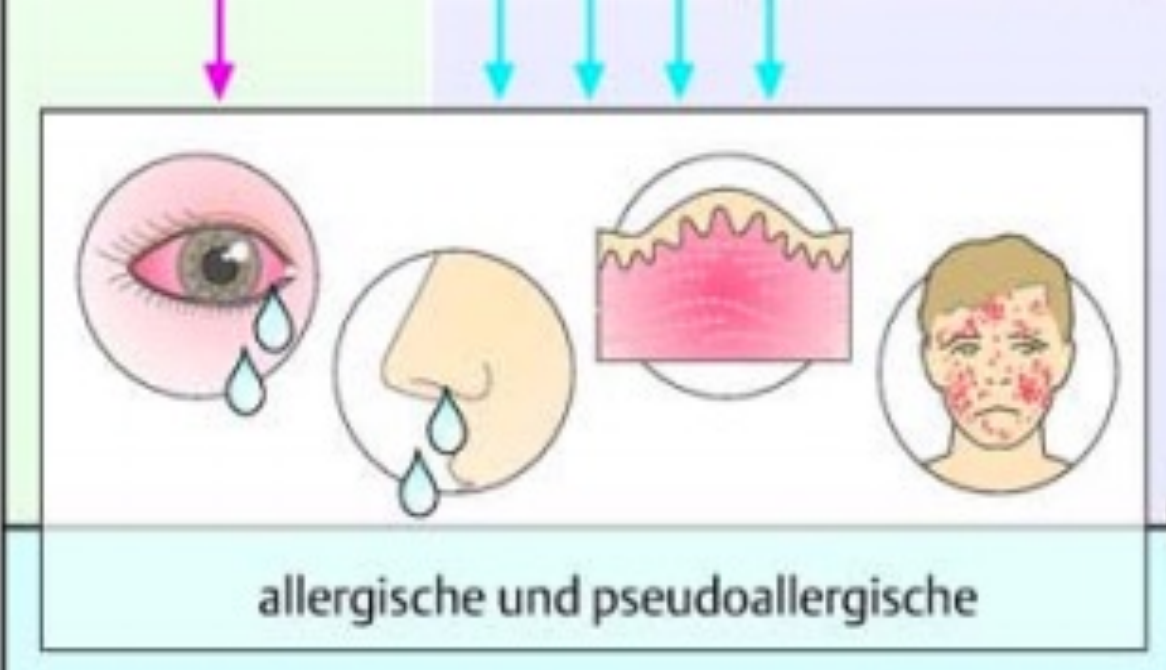
[Analysen anzeigen](#)



Kommentar hinzufügen ...

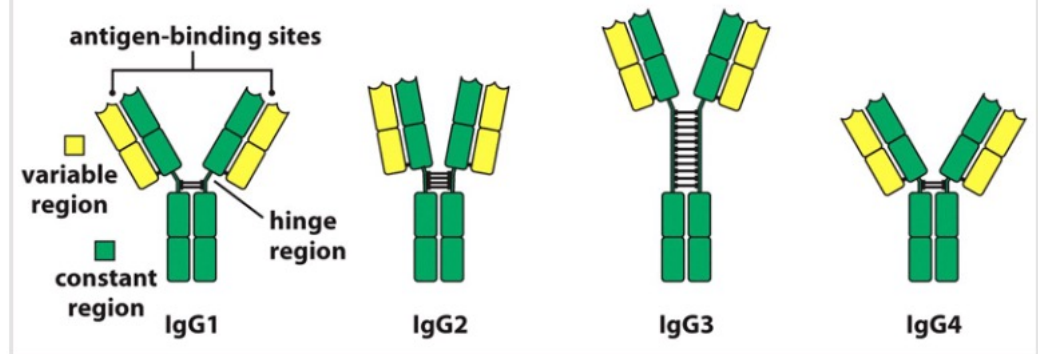


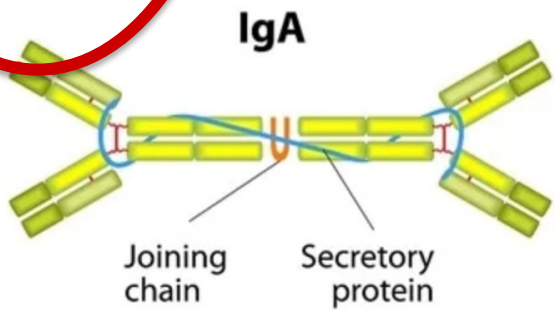
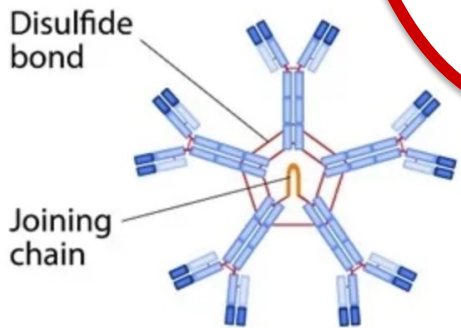
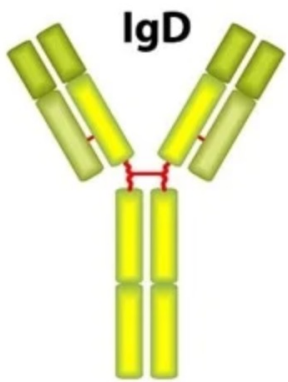
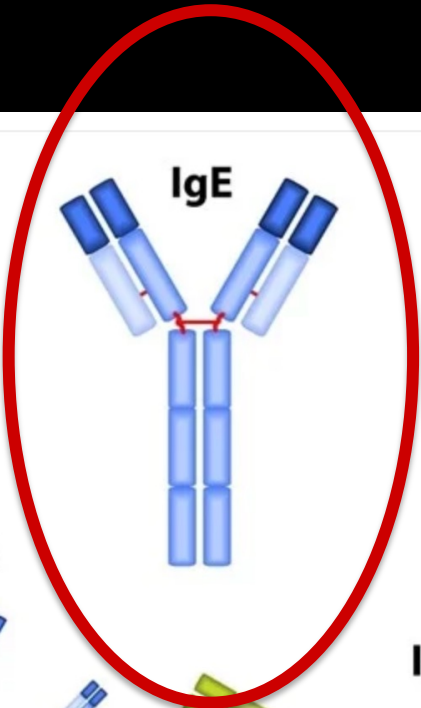
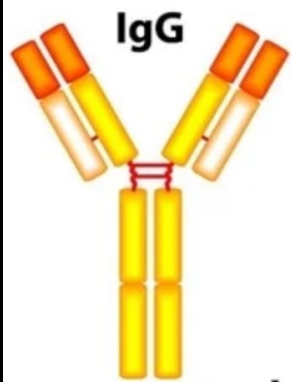
1.



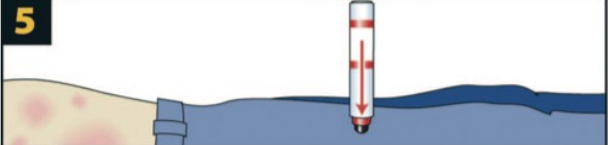
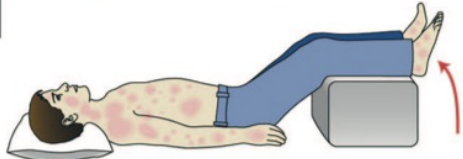
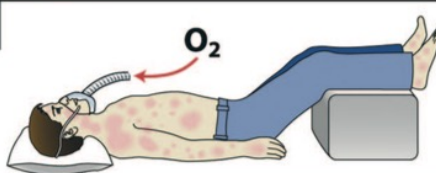
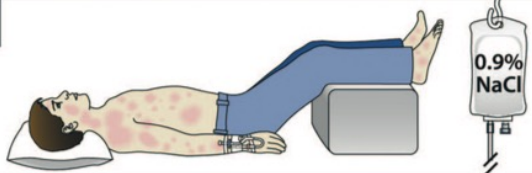

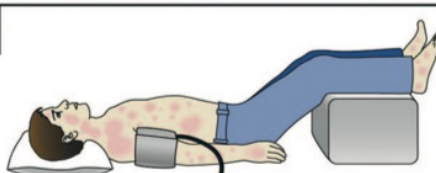


Immunglobulin G (IgG)

- Structure, Subclasses and Functions





1		Have a written emergency protocol for recognition and treatment of anaphylaxis and rehearse it regularly.
2		Remove exposure to the trigger if possible, eg. discontinue an intravenous diagnostic or therapeutic agent that seems to be triggering symptoms.
3		Assess the patient's circulation, airway, breathing, mental status, skin, and body weight (mass).
Promptly and simultaneously, perform steps 4, 5 and 6.		
4		Call for help: resuscitation team (hospital) or emergency medical services (community) if available.
5		Inject epinephrine (adrenaline) intramuscularly in the mid-anterolateral aspect of the thigh, 0.01 mg/kg of a 1:1,000 (1 mg/mL) solution, maximum of 0.5 mg (adult) or 0.3 mg (child); record the time of the dose and repeat it in 5-15 minutes, if needed. Most patients respond to 1 or 2 doses.
6		Place patient on the back or in a position of comfort if there is respiratory distress and/or vomiting; elevate the lower extremities; fatality can occur within seconds if patient stands or sits suddenly.
7		When indicated, give high-flow supplemental oxygen (6-8 L/minute), by face mask or oropharyngeal airway.
8		Establish intravenous access using needles or catheters with wide-bore cannulae (14 - 16 gauge). When indicated, give 1-2 litres of 0.9% (isotonic) saline rapidly (e.g. 5-10 mL/kg in the first 5-10 minutes to an adult; 10 mL/kg to a child).
9		When indicated at any time, perform cardiopulmonary resuscitation with continuous chest compressions.
In addition,		
10		At frequent, regular intervals, monitor patient's blood pressure, cardiac rate and function, respiratory status, and oxygenation (monitor continuously, if possible).

2.

Epi Pen ZUERST

Beine hoch bei Anaphylaxie!

Ein Leserbrief an den Herausgeber des Journal of Allergy and Clinical Immunology mahnt die Grundlagen im Umgang mit anaphylaktischen Patienten an: Die Schocklagerung ist nach wie vor die erste und entscheidende Maßnahme.

Anaphylaxie – wenn die Zeit zählt

Wirkungseintritt antiallergischer Medikamente

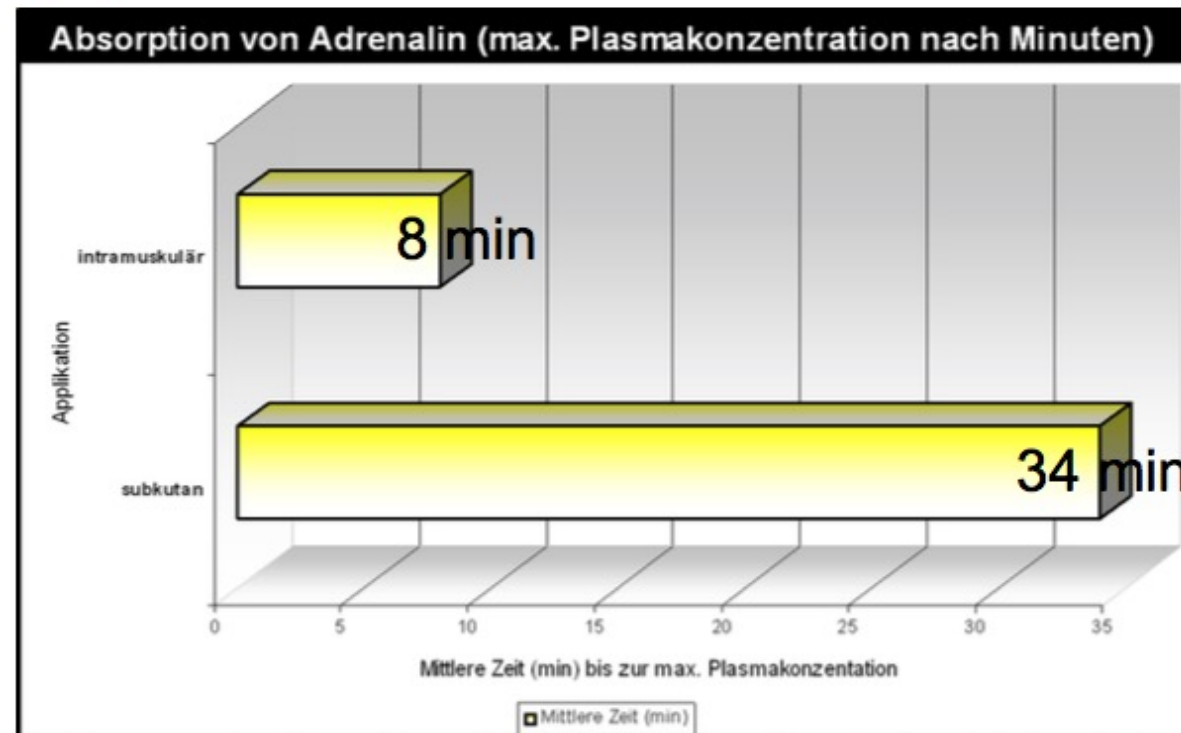
Kortison
> 60 min



Adrenalin i.m.
>5 min

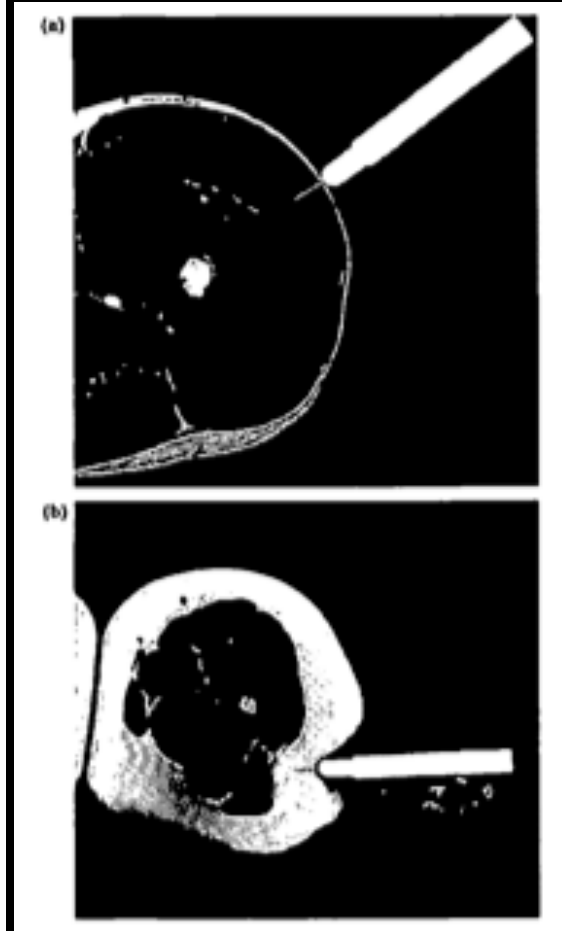
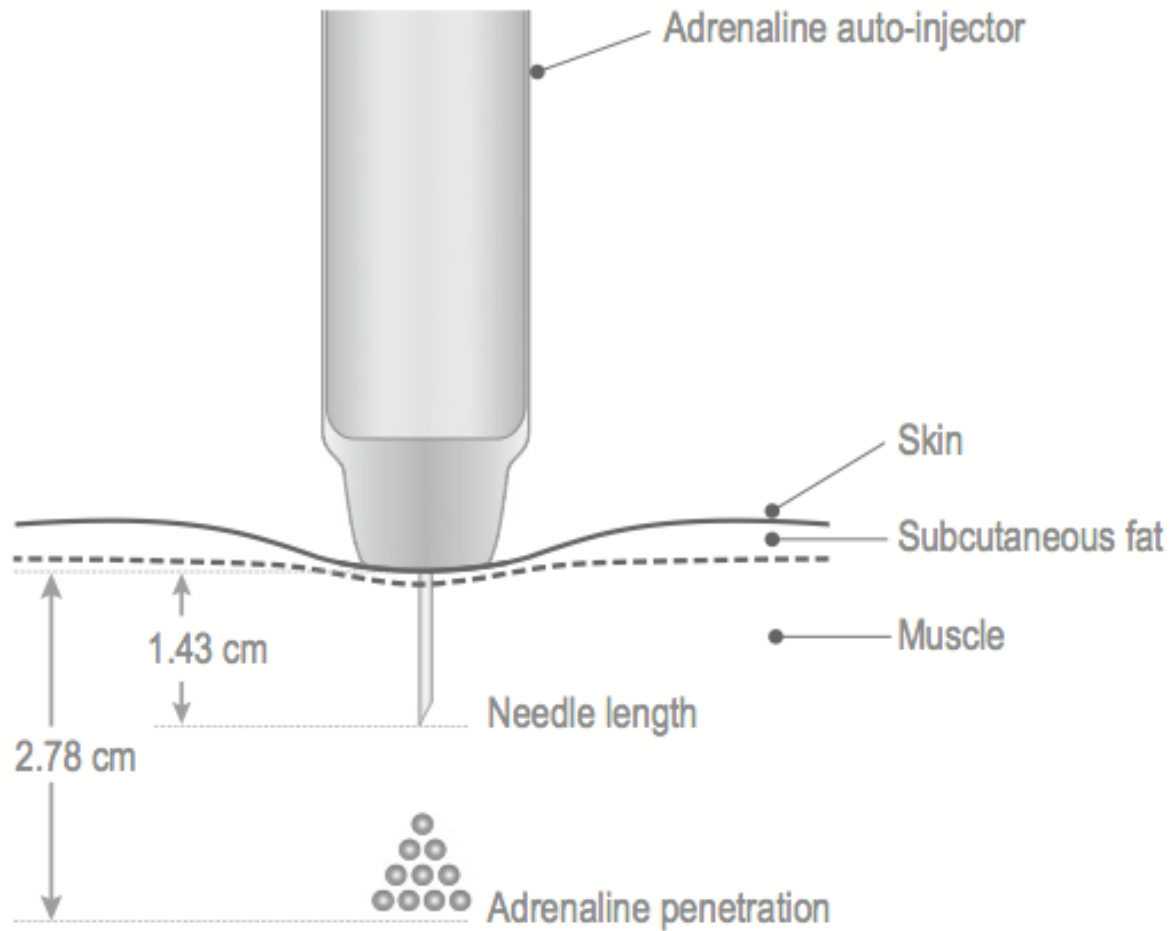


Adrenalin wird bei i.m. Applikation schnell absorbiert

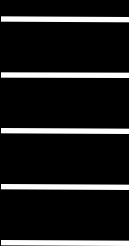
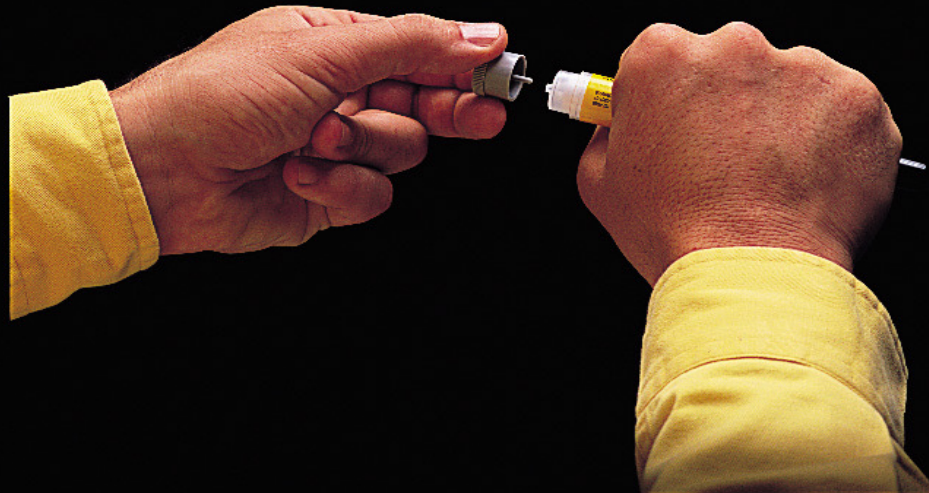


Simons FE et al; Epinephrine absorption in children with a history of anaphylaxis. J Allerg Clin Immunol 1998; 101: 33-7

EpiPen – aber richtig !



EpiPen – aber richtig !

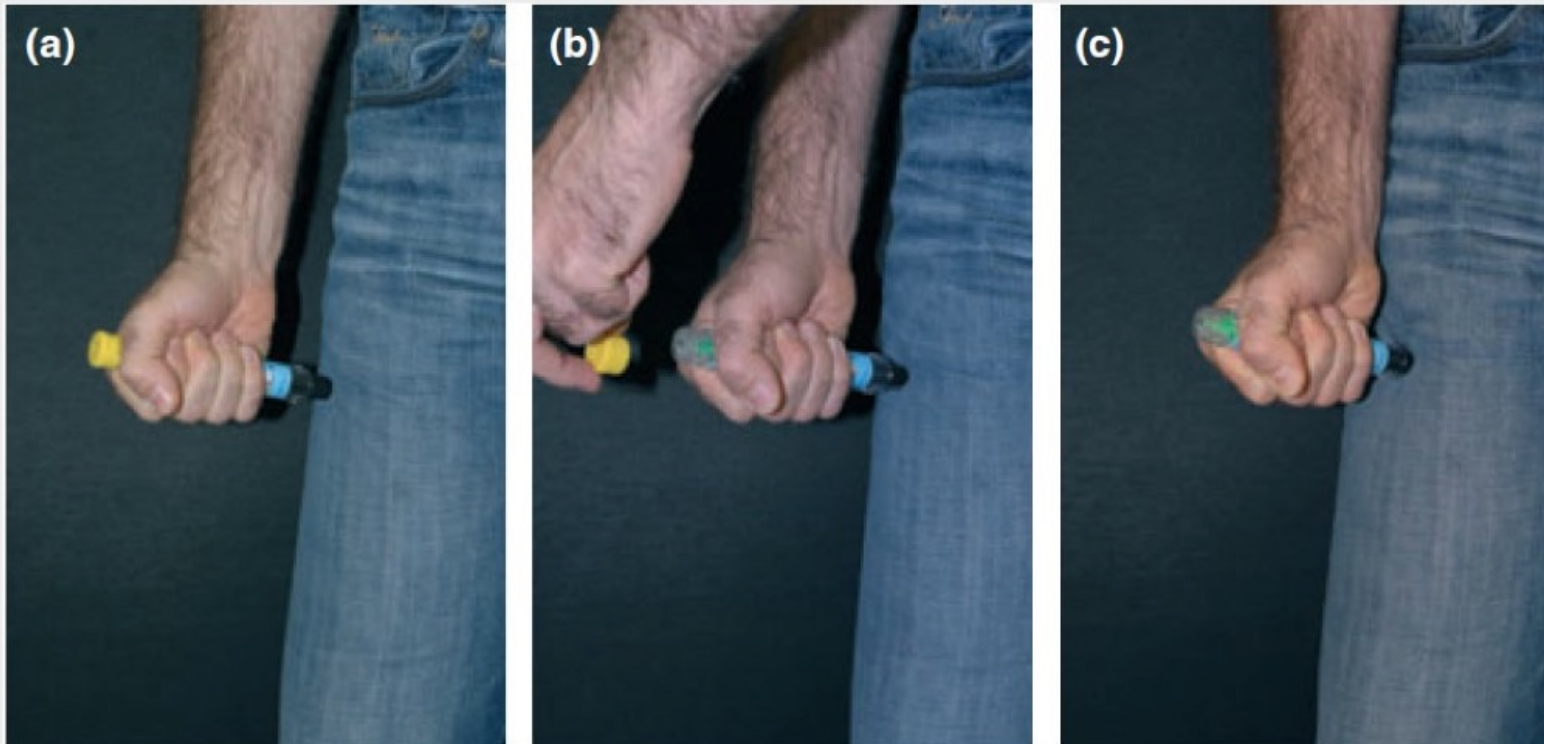


EpiPen – aber richtig !



Vermeidung von AAI- Nadelstichverletzungen

Kränke B et al. Pediatr Allergy Immunol 2012;23:399–400

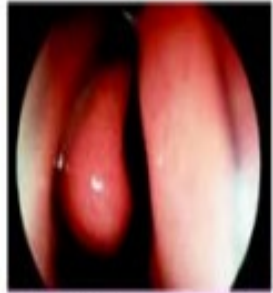


Erst aufsetzen, dann Kappe ab!





Rhinitis allergica II



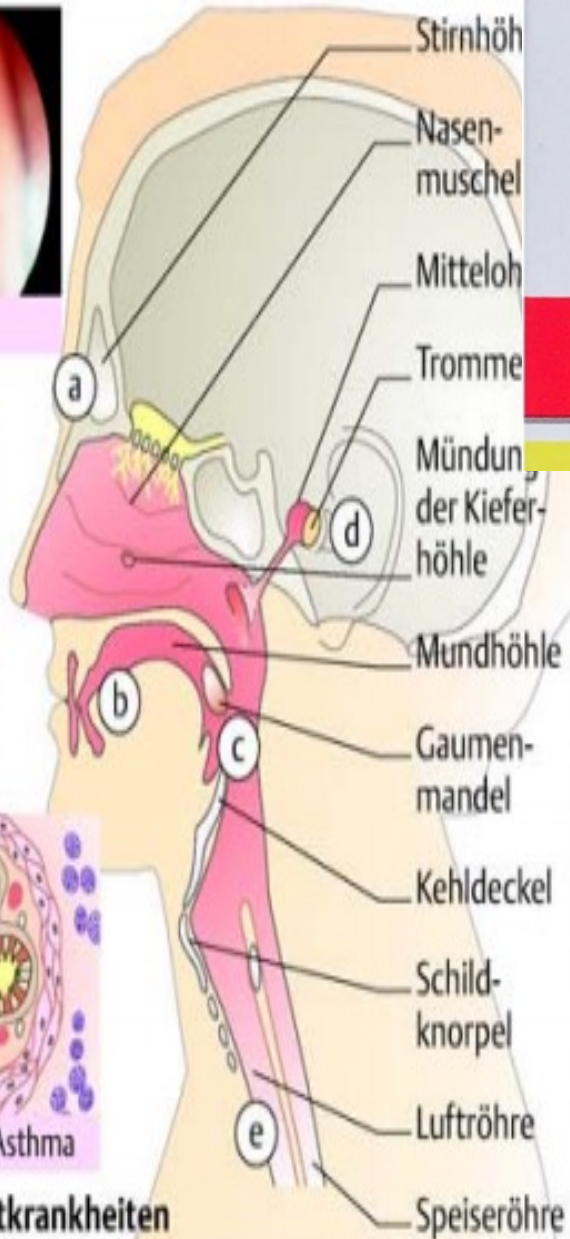
a) Sinusitis



b) pollenassoziierte Nahrungsmittelallergie



e) Bronchitis, Asthma



Rx
**TRIAMCINOLONE
ACETONIDE
INJECTION I.P.**

40 mg / ml

KENACORT®



d) Otitis media



c) Pharyngitis

Folgeerkrankung

Begleiterkrankung

A. Folge- und Begleitkrankheiten

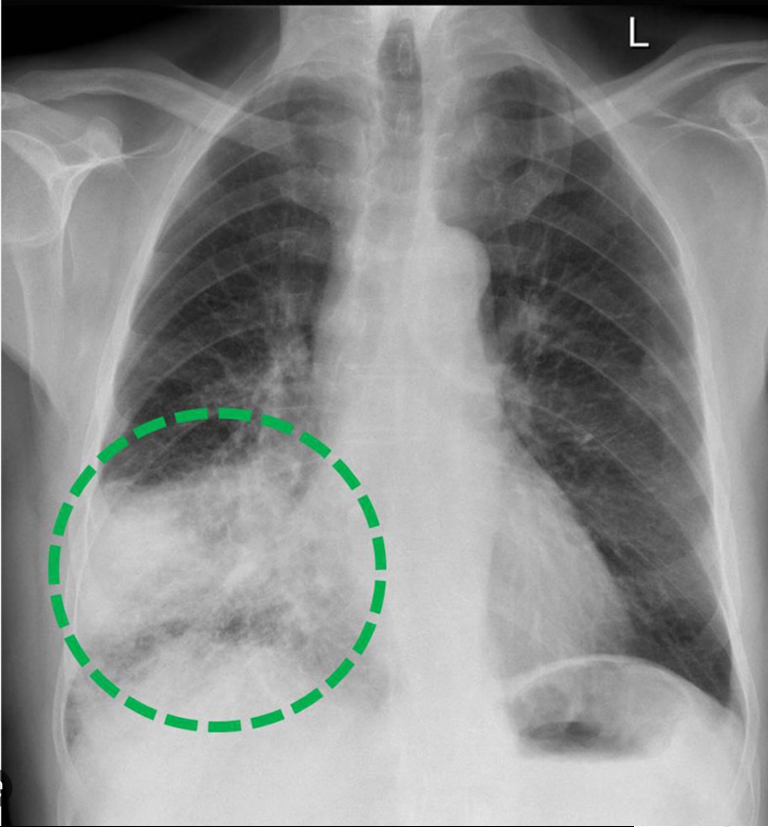
3.

Zeigefinger (Spina iliaca anterior superior)

Injektionsfeld

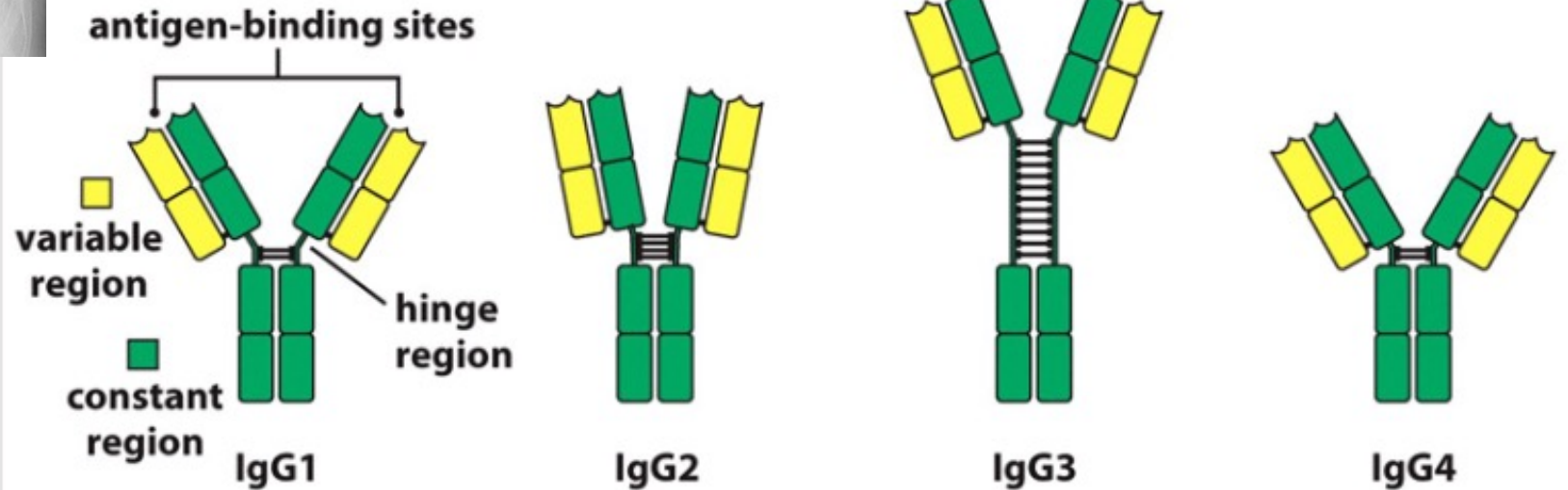
Handballen (Trochanter major)





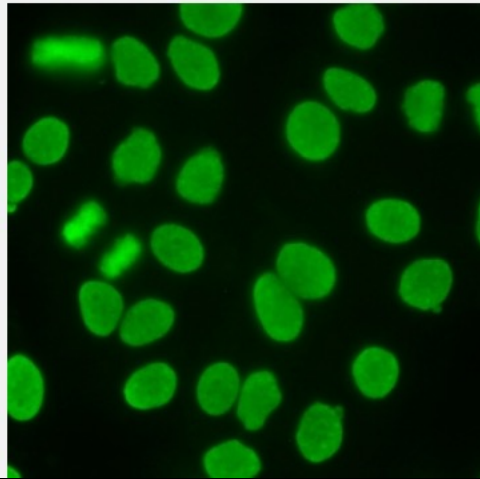
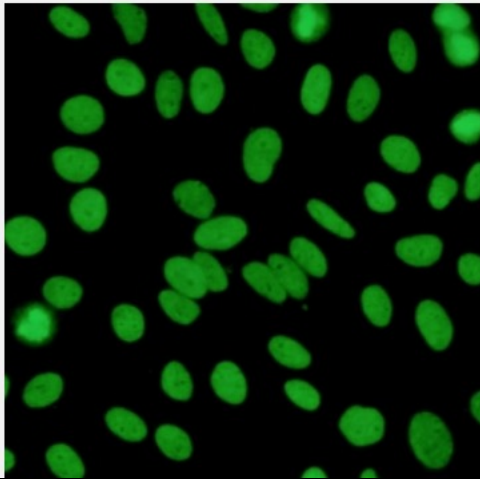
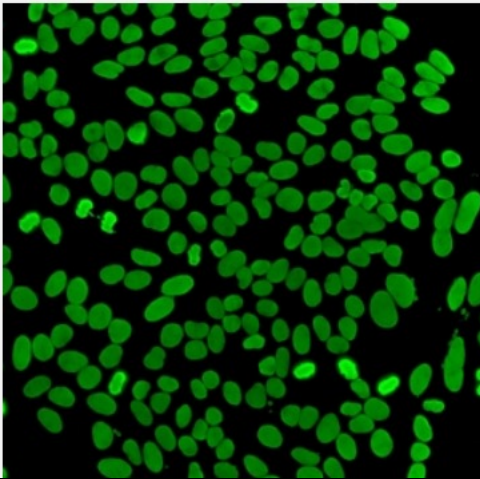
Immunoglobulin G (IgG)

- Structure, Subclasses and Functions



Nomenclature and Classification Tree

HEp-2 cell patterns



5.

