

ACTION PLAN FOR Eosinophilic Oesophagitis (EoE)



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Name:	Date of birth: DD / MM / YYYY
Confirmed or suspected food triggers to avoid: _	
Family/emergency contact(s):	
1	Mobile:
2	Mobile:
Plan prepared by:	
(clinical immunology/allergy specialist or gastroent	terologist)
Signed:	Date: DD / MM / YYYY

This plan is for the emergency treatment of food impaction and food bolus obstruction (FBO), due to eosinophilic oesophagitis (EoE).

- Eosinophilic oesophagitis (EoE) is an inflammatory condition of the food pipe (oesophagus) that connects the mouth to the stomach.
- Food impaction/food bolus obstruction (FBO) occurs when food gets stuck in the oesophagus.

Treatment options for EoE include proton pump inhibitor medication, swallowed corticosteroids and dietary modification. Additional treatments for food impaction/FBO include oral nitroglycerin, oral salbutamol, carbonated (fizzy) fluid and removal of the food by endoscopy.

Adrenaline (epinephrine) injectors and antihistamines do not play a role in the management of EoE.

SIGNS AND ACTIONS FOR EOE

SIGNS:

- Trouble swallowing
- Abdominal (stomach) pain, nausea or vomiting
- · Regurgitation of foods, choking or gagging on food
- Chest pain when eating, severe acid reflux (heartburn) that does not respond to medications

ACTIONS:

- Phone family/emergency contact
- Give medications (if prescribed)
- Observe for progression to a food impaction/food bolus obstruction (FBO)

SIGNS OF FOOD IMPACTION/FBO

ANY ONE of the following in addition to vomiting:

- Food getting stuck on the way down the oesophagus
- Pain or sensation of squeezing in the chest or in the oesophagus
- Unable to swallow
- Feeling the need to spit out saliva or drool

ACTIONS FOR FOOD IMPACTION/FBO

- 1 Phone family/emergency contact
- 2 Phone ambulance 000 (AU) or 111 (NZ) or take person to an emergency department if:
 - The food has not passed down within 1 to 2 hours, or
 - Chest pain is severe and talking or breathing is difficult.

Note: Food impaction/FBO can sometimes pass with time and sipping water or carbonated (fizzy) drink may help to dislodge the food.

Some people with EoE may also have a food allergy and be at risk of anaphylaxis to other foods.

They will have a separate ASCIA Action Plan for Anaphylaxis for this food allergy.

Additional instructions: _	