

One Of My Pupils Has Anaphylaxis.. How Can I Help

What is Anaphylaxis?

Anaphylaxis is the severest form of allergy and is a medical emergency that requires immediate treatment. Anaphylaxis has the potential to be fatal.

Common allergens are **foods** eg peanuts, legumes, fish, shellfish, milk & eggs and **insect stings**

What should I know?

To manage anaphylaxis you should know:

- Which children are at risk
- How to recognise the symptoms of anaphylaxis
- What action should be taken in the event of an anaphylaxis emergency
- How to best support affected pupils and their parents
- School policy & protocols

Which children are at risk?

Make yourself familiar with the names and identifying photographs of all children at risk in your school.

Prompt recognition of any child with a severe reaction may save their life.

It is suggested Emergency Action Plans with identifying features are displayed in the staff room and school tuck shop.

How do I recognise the symptoms of anaphylaxis?

Anaphylaxis is a generalized whole body allergic reaction. Characteristically there are either respiratory and or cardiovascular signs:

Respiratory

- Difficulty/noisy breathing
- Wheeze or persistent cough [anaphylaxis often mimics asthma]
- Difficulty talking and/or hoarse voice
- Swelling of tongue/throat that poses an immediate risk of airway closure with inability to breathe.

Cardiovascular

- Loss of consciousness
- collapse
- pale & floppy [young children]
- loss of pulse

Other body systems may be involved such as

- the skin [which may develop hives or welts] or
- the gastrointestinal system [the child may have colicky abdominal pain or nausea and/or vomiting].

What action should I take in the event of an emergency?

Staff must follow their school protocols that should be negotiated with the pupil's parents.

Essentially in the event of anaphylaxis you must:

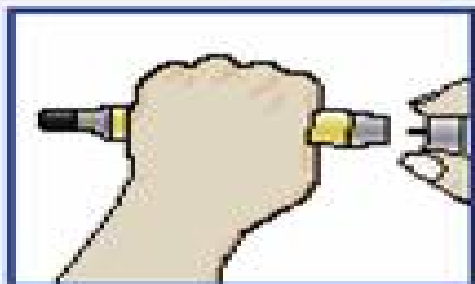
- Seek help and

- Administer adrenaline.

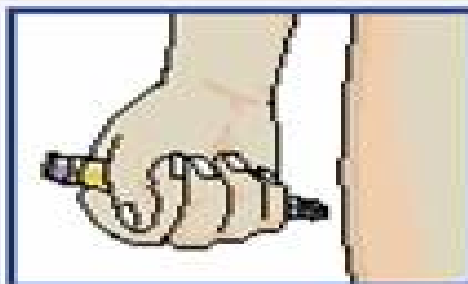
Action to be taken

- Administer EpiPen Adrenaline Auto Injector
- Ring 000
- Request an intensive care Ambulance and state:
- The Child is anaphylactic and has had adrenaline injected
- Keep the child warm and calm & wait for an ambulance

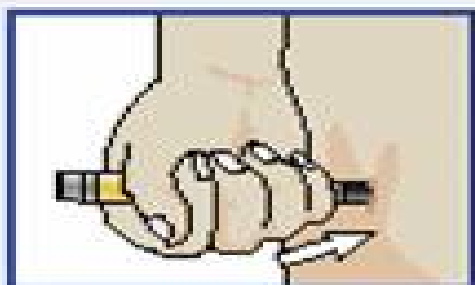
How to give EpiPen® or EpiPen® Jr



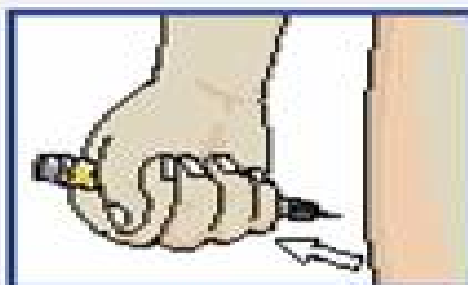
1. Form fist around EpiPen® and pull off grey cap.



2. Place black end against outer mid-thigh.



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

Get online support

What can I do to support my pupil and their parents?

These are just some suggestions:

Meet with parents and negotiate an emergency action plan.

Avoidance is the mainstay of anaphylaxis management. Allergen avoidance can be extremely demanding for both parents & affected children.

Assist with allergen avoidance.

- General information about the presence of food allergic children at school and their requirements can be included in school newsletters to broaden awareness & support.
- Bullying of children with identified allergies is not uncommon & should be recognised.
- Identify foods in the tuck shop that contain trigger substances e.g. nuts and replace with other nutritious foods. [NSW Health: Dept of Education & Training]
 - Food sharing should be actively discouraged.
- Food based activities such as cooking; craft activities & class parties may need to be altered. Please consult with parents.
- Consider non-food rewards e.g. stickers, pencils

Further information

www.foodallergy.org

www.allergy.org.au

www.cs.nsw.gov.au/rpa/Allergy

www.medicalert.com.au

www.anzfa.gov.au

References

Hedde, RJ & Brown, SGA "Allergic Reactions To Insect Bites and Stings" Medicine Today Feb 2004, Vol 5, No.2.

Hu, W & Kemp, A. "Managing Childhood Food Allergies & Anaphylaxis" Australian Family Physician Vol.34 No1/2, January/February 2005

"Anaphylaxis: Guidelines for Schools Severe Allergic Reactions" NSW Health: Dept of Education & Training

Steele, R. "The Investigation of Anaphylaxis" Medicine Today Feb 2003 Vol 4 No. 2

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