

# Anaphylaxis Debriefing

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# WHAT IS ANAPHYLAXIS?

- Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.
- Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency that requires a rapid response.
- Currently Al-Taqwa College has 14 students enrolled with Anaphylaxis

# WHAT ARE THE MAIN CAUSES?

- Certain foods and insect stings are the most common causes of anaphylaxis.
- Eight foods cause 90% of food allergic reactions in Australia and can be common causes of anaphylaxis.

Our students are allergic to:

- Peanuts
- Tree nuts (e.g. hazelnuts, cashews, almonds)
- Egg
- Sesame seeds
- Kiwi fruit
- Eggplant

Other common allergens include some insect stings, particularly bee stings, some medications, latex, and anaesthesia.

## **SIGNS AND SYMPTOMS?**

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

## Mild to moderate Allergic Reaction

## Severe allergic reaction- Anaphylaxis

Hives, welts or body redness

Difficult and/or noisy breathing

Swelling of face, lips and eyes

Swelling of the tongue

Vomiting, abdominal pain (these are signs of a severe allergic reaction/anaphylaxis in someone with severe insect allergy)

Swelling or tightness in the throat

Tingling of the mouth

Difficulty talking and/or hoarse voice

Wheeze or persistent cough

Persistent dizziness or collapse in its place

Pale and floppy (in young children)

# Hives



# Welts

# Mild swelling of face, lips and eyes





**Severe  
swelling of  
lips, face and  
eyes**





**Severe reaction results in  
hoarseness, Swelling of lips,  
hives and stomach pain**

## KEY TO PREVENTION?

- The key to prevention of anaphylaxis in schools is knowledge of those students who are at risk, awareness of triggers (allergens) and prevention of exposure to these.
- Schools need to work with parents and students to ensure that certain foods or items are kept away from the student while at school.

# TREATMENT

Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as the EpiPen<sup>®</sup>, for administration in an emergency. Children under 20kg are prescribed an EpiPen<sup>®</sup> Junior, which has a smaller dosage of adrenaline. The EpiPen<sup>®</sup> and EpiPen<sup>®</sup> Junior are designed so that anyone can use them in an emergency.

# QUESTIONS?

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