

Severe Allergy

Severe allergy, or **anaphylaxis**, refers to reactions that could be life-threatening. These reactions often involve more than one body system and may include *any* of the following:

- MOUTH** - Itching, swelling of the lips, tongue or mouth
- THROAT** - Itching, sense of tightness in the throat, hoarseness, hacking cough
- SKIN** - Hives, itchy rash, swelling of the face or extremities
- GUT** - Nausea, abdominal cramps, vomiting, diarrhea
- LUNG** - Shortness of breath, repeated coughing, wheezing
- HEART** - Thready pulse, passing out

Symptoms in the throat, lung or heart can rapidly progress to a life-threatening situation.

Severe allergy may be caused by *foods, insect stings, medications or latex*. The foods most likely to cause severe allergy are peanut, tree nut, fish, shellfish and egg.

Children with severe allergy lead a normal life. However, precautions must be taken to strictly avoid the trigger and an emergency plan must be in place at all times. There is no cure for severe allergy. Family members, schools, childcare providers and anyone else responsible for taking care of your child must be prepared to manage severe allergy.

Many families feel overwhelmed when a severe allergy is discovered. Education is key to dealing with this ongoing problem. For families dealing with food allergy, we recommend the website:

Food Allergy Research and Education (FARE) www.foodallergy.org

Restaurant eating can be problematic for persons with severe food allergy. Always ask questions about food preparation to be sure your child's trigger food is not used in a particular item, and that the preparation area is not cross contaminated with their trigger. If you are unsure that the server's information is accurate, speak to the manager. If you are still unsure, do not order the item in question or go to another restaurant.

Children with *bee/wasp sting allergy* are referred to an allergist for evaluation because allergy shots may be helpful. Have your child wear shoes to avoid stepping on a stinging insect. Do not use perfumes that attract stinging insects. Avoid rapid movements near insects, and have your child stay still if one lands on him.

Allergy testing is often done for children with severe allergy reactions. Two types of testing are available: blood tests and skin tests. The circumstances of the reaction determine which test is best; blood tests are often preferred because the skin test may carry some risk. Levels of reaction on blood tests are sometimes used in the future to determine when a *medically supervised* food challenge is indicated.

Have an **FOOD ALLERGY and ANAPHYLAXIS EMERGENCY CARE PLAN** for your child. Keep one on file at your school, camp or baby sitter. Typically, the plan includes:

1. If exposure is suspected, give epipen immediately
2. Call 911 – child must be taken to the emergency room
3. If child is able to take oral medication, give Benadryl by mouth

EpiPen and AUVI- Q - are devices that automatically inject epinephrine (adrenaline) into the thigh. It will work for about 10-20 minutes, so when epinephrine is given, the child must **ALWAYS** go to the emergency room. If needed, a second dose may be given as soon as 5 minutes after the first. EpiPen and AUVI- Q are simple to use, but regularly reviewing the instructions is a good idea. Practicing with a trainer device is very helpful.

EpiPen instruction summary:

Form a fist around the auto-injector with the orange tip facing down. Pull off the blue safety cap. Swing and push orange tip firmly into the middle of the outer thigh until you hear a click. Hold the auto-injector in place for 10 seconds after activation. It may be injected through clothing

AUVI- Q instruction summary:

Pull AUVI-Q from outer case. Pull off red safety guard. Place black end of AUVI-Q against the middle of the outer thigh, press firmly and hold in place for 5 seconds. It may be injected through clothing.

EpiPen and AUVI-Q come in two strengths: regular (over 55 pounds) and junior (up to and including 55 pounds). An epinephrine injector must be carried wherever the child goes. Have an epinephrine injector at school, at the baby sitter, or anywhere else your child goes regularly. The injectors should not be left in the glove compartment of your car or your refrigerator– temperature extremes inactivate the medicine. Replace the injector if the solution looks brown. Check the expiration date and replace when needed.

Benadryl should also be on hand. It comes in several forms: liquid, chewable tablet, fast-melt, and tablets. Keep a copy of the dosing chart so you know how much to give.

Remember, when in doubt: REACT. You will not hurt your child by activating the emergency plan, but a delay could be serious.