



Management of Childhood Anaphylaxis

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Introduction

Common causes of anaphylaxis are to foods and insects (bee, wasp); medications, exercise and latex rubber. The estimated risk of anaphylaxis in the general population is 1- 2 percent for insect stings and foods, with a lower prevalence for drug, latex and exercise induced allergy. Anaphylaxis is a rare but preventable and treatable event.

Prevention of Anaphylaxis.

Identification of children who have had previous anaphylactic events

The child should be provided with an easily identifiable MedicAlert bracelet or card with the allergy clearly stated.

Avoidance of known triggers

Avoidance of a specific trigger(s) is the cornerstone of management in preventing anaphylaxis. Appropriate avoidance depends on education and supervision of the child, his/her peers and all school personnel.

1. Food Avoidance (General)

The foods which commonly produce anaphylaxis are peanuts and tree nuts, shellfish and fish, milk, egg, soy and wheat. Reactions to peanuts, nuts and shellfish tend to be life-long.

the avoidance of offending foods should include:

1. There should be no trading and sharing of food, food utensils and food containers.
2. All children with severe food allergies should only eat lunches and snacks that have been prepared at home or at child care/school under strictly supervised conditions.
3. Surfaces such as tables, toys, etc., should be washed clean of contaminating foods, prior to contact by a food allergic child.
4. The contents of foods served in school cafeterias and brought in for special events should be clearly identified.
5. Food personnel should also be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food.

Recognition of Anaphylaxis

Aim: to educate parents, caretakers, day-care and school personnel to recognise anaphylaxis. This is especially important in young children, and children with an intellectual or communication disability since such children may be unable to communicate to adults that they are having a reaction.

Management of Anaphylaxis

All children with anaphylaxis should have a medical action plan from a medical practitioner, as to the documentation of trigger, expected symptoms and recommended action in the case of accidental exposure to a trigger. Medication for emergency first aid use should be stated clearly on when and how to use the medication.

If a child is suspected of ingesting a food or is stung by an insect to which they are known to have had an anaphylactic reaction the action plans should be instituted. Emergency medical help should be sought regardless of the presence or absence of symptoms.

Adrenalin should be used, as a first aid measure in the emergency management of a child with severe anaphylaxis. It should be injected into the thigh muscle.

Adrenalin should be administered as early as possible after the onset of severe symptoms of anaphylaxis. Symptoms which would indicate severe anaphylaxis include: difficulty in breathing, talking or swallowing, persistent cough, inability to talk, noisy breathing or any loss of consciousness.

Adrenalin injection is currently available as an auto-injector device (**EpiPen**) designed for lay use as a first aid measure. This spring-loaded self-injector device is preferred because of its simplicity of use. EpiPen is available in two forms; **EpiPen Jnr** and **EpiPen**. The EpiPen Jnr is used for children weighing 10-20 kg. The EpiPen is recommended for children whose weight exceeds 20 kg. Children who weigh less than 10 kg may require a syringe and ampoule of adrenalin for use.

All children receiving emergency adrenalin should immediately be transported to a hospital.

Despite the initial adequate treatment of anaphylaxis repeat attacks have occurred up to eight hours and rarely after 24 hours later.

Any adrenalin prescribed for community use should be correctly stored and was not expired.

Adrenalin should be kept at room temperature away from bright light in locations which are easily accessible.

Conclusion

There are no contraindications to the use of adrenalin for life-threatening allergic reactions and the risk of not giving adrenalin is almost always greater than any potential risk of giving adrenalin.





Check List for caring a child with anaphylaxis

1. Notification from the parent of a previous anaphylactic reaction
2. Documentation from a medical practitioner including;
 - Triggers, if known
 - Expected symptoms if exposed to trigger
 - Plan of action including when and how to administer medication(s)
3. Develop local action plan detailing preventative measures, recognition of anaphylaxis and who will institute medical action plan.

4. Ensure medication has not expired and is correctly stored
5. Implement action plan if inadvertent exposure to trigger occurs
6. Review action plans annually or after each reaction.

References : The Canadian Society for Allergy and Clinical Immunology and the Australasian Society for Clinical Immunology and Allergy (ASCA) position papers.

AAAAI Guidelines for the prevention, recognition and management of anaphylaxis in childcare and school sites

Come Join Us to Welcome in 2005 Federation Annual New Year's Eve Dinner

The Federation Annual Dinner will be held on 31st December 2004 at the Hong Kong Academy of Medicine Jockey Club Building. There are new formats of entertainment with a surprise guest performer(s). Again, lots of fun, fraternity, food, froth and "fings" to take home. The tickets will be HK\$850.00 per person. Allied health professionals and children under 18 are welcome to participate at a sponsored price (table of 10 for the price of 6 persons).

The theme this year is

“ Men in Black
Women in Red and
Children in Costumes ”

Federation Annual Dinner 2004

7:00 pm, 31st December, 2004 (Friday)
The Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Registration Form

Please reserve table(s)* / seat(s) for me at the Federation Annual Dinner 2004. A cheque for the amount of HK\$ (HK\$850.00 per person) in favour of "The Federation of Medical Societies of Hong Kong" is enclosed.

- * Each table will seat 10 to 12 people.
- * Sponsored price for allied health professionals: HK\$5,100.00 per table of 10.

From: **Name** (Please use block letter)

Position

Society / Association

Address

Tel No. **Fax No.**

Signature & Date

Kindly return this form on or before December 6, 2004
to the Secretariat at Fax 2865 0345 or E-mail: info@fmshk.com.hk.