

## Anaphylaxis - what is it?

Anaphylaxis is the most severe form of allergic reaction and can be life threatening. For people at risk, anaphylaxis occurs quickly after contact to the food, insect's or medicine to which the person is allergic.

It is very important that people at risk of anaphylaxis avoid any contact with the trigger (allergen). This is especially important with food allergy – a severe reaction can occur if the allergic person comes into contact with even a tiny amount of the food.

Anaphylaxis must always be treated as a medical emergency. Adrenaline autoinjectors (EpiPen®) contain a single, fixed dose of adrenaline which must be given to the person as soon as possible. Immediate administration of adrenaline is the only treatment that works for anaphylaxis.

## Emergency first aid for anaphylaxis

- Lay the person flat, do not stand or walk. If breathing is difficult, allow to sit.
- Give the adrenaline autoinjector without delay. (Make a note of the time it was given.)
- Ring an ambulance - 000.
- Stay with and reassure the person. Do not allow the person to walk at any time.
- Give another adrenaline autoinjector if no improvement after 5 minutes
- If the person loses consciousness and there are no signs of breathing, begin CPR.
- Monitoring in a hospital is required for 4-6 hours, even if symptoms improve

## Anaphylaxis - recognising a severe allergic reaction

Anaphylaxis is a severe allergic reaction which can be life-threatening. It can cause constriction of the airway and/or a dangerous drop in blood pressure. Look for one or more of the following:

- Difficult or noisy breathing
- Swelling of the tongue
- Swelling or tightness of the throat
- Wheezing or a persistent cough
- Difficult talking and/or a hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (especially in young children)
- Abdominal pain or vomiting (if following an insect bite or sting)

**It is important to lie the person flat and get help fast.**

Some allergic reactions are mild or moderate. These reactions may involve hives, welts, tingling mouth, and/or swelling of the lips, face and eyes. Mild reactions to food can involve abdominal pain and vomiting. Anaphylaxis (severe reaction) may or may not involve these signs and symptoms.

Food intolerances are not life-threatening and should not be confused with food allergies. For further information contact:

- Australasian Society of Clinical Immunology and Allergy [www.allergy.org.au](http://www.allergy.org.au)
- Allergy & Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au)
- Western Australian Department of Health [www.health.wa.gov.au/anaphylaxis](http://www.health.wa.gov.au/anaphylaxis)

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## Anaphylaxis – checklist for parents of students at risk

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- Tell the school administration if your child has been prescribed an adrenaline autoinjector (i.e. EpiPen), has experienced anaphylaxis, has any changes in allergies, and/or any other health care needs that may affect anaphylaxis management.
- Make sure you give the school an adrenaline autoinjector, which is clearly labelled for your child.
- If old enough, make sure your child carries an adrenaline autoinjector and knows how to use it. Show his or her friends, brothers and sisters if they are old enough to understand.
- Provide an ASCIA Action Plan for Anaphylaxis completed and signed by your child's doctor. Update the plan (including a photo of your child) when the adrenaline autoinjectors are renewed (usually every 12-18 months). Action Plans are available from [www.allergy.org.au](http://www.allergy.org.au)
- Help the school to develop an Individual Health Care and Risk Minimisation Plan for your child.
- Educate your child about how to avoid known allergens (triggers).
- Remind your child to immediately tell someone if she/he feels sick