



Great Ormond Street Hospital for Children NHS Trust: Information for Families

Anaphylaxis

2nd edition

This leaflet explains about anaphylaxis and what to do if your child suffers from this severe form of allergic reaction.

What is anaphylaxis?

Anaphylaxis is an extremely serious type of allergic reaction, which is most likely to be caused by particular foods, insect bites or medicines. In anaphylaxis, cells release histamine in large amounts. This causes blood vessels to become leaky causing swelling in the surrounding tissues. The following features are the main symptoms of an anaphylactic reaction:

Early signs of allergic reaction

- Swelling or itching
- The face may be flushed
- Wheals or hives may erupt on the skin

Anaphylaxis or severe reaction

- Swelling of the face, maybe accompanied by swelling of the tongue, lips and throat
- Difficulty breathing or wheezing, due to swelling of the air passages
- Loss of colour, becoming cold and clammy as the blood pressure falls
- Collapse or loss of consciousness. A child may appear asleep

How is anaphylaxis treated?

Antihistamines

For a mild reaction a dose of antihistamine such as chlorphenamine can be given as soon as possible. Syrup is absorbed more quickly than tablets.

Other non-drowsy antihistamines, such as cetirizine or loratidine may be suitable for an older child or adult.

Inhalers

Asthma medications will improve breathing symptoms if the child normally takes them.

Adrenaline

Adrenaline works by constricting the small blood vessels and relaxing muscles. This helps to reduce the swelling and improve the breathing. For a more severe reaction (see above) or if there is no improvement following the antihistamine, an injection of adrenaline will need to be given into the muscle.

Pre-loaded syringes (such as EpiPen® or Anapen® Junior) that give a single dose of adrenaline are available. You should have two of these and they need to be carried with you at all times.

Very young children should have the EpiPen® Junior or Anapen® Junior

Adrenaline must never be given into the blood supply as it may cause very high blood pressure and serious bleeding in the brain.



How to use an adrenaline auto-injector pen (EpiPen® or Anapen®)

Instructions, including a diagram, are provided in the box

Give the injection into the middle of the outer/front thigh. The injection can be given through clothing.

- Remove the injector from the packaging.
- Remove the safety cap.
- Hold the injector firmly in your fist with the tip at right angles to the thigh.
- Jab firmly into outer thigh from a distance of approximately 10cm until you hear a click
- Hold in place for 10 seconds.
- Remove the pen and rub the area for 10 seconds.
- Call an ambulance even if your child improves.
- Stay with your child.
- If no improvement occurs a second dose may be given after five to 10 minutes.
- Your child will be monitored closely in hospital afterwards.

After use

The needle remains out so it needs to be carefully disposed of, preferably in a sharps box. Although there is fluid left it cannot be re-used. Get a replacement auto-injector from your family doctor (GP).

Looking after the auto-injector pen

- Carry the pen with you at all times.
- Protect the pen from heat and light.
- Check the expiry date and get a replacement from your GP in plenty of time.

Going to school

If your child has been prescribed adrenaline, it is important these are available at school or nursery. The school will need to have two adrenaline pens. This needs to be discussed with the school and there must be someone trained to administer it. A contract to administer the adrenaline pen with your consent needs to be drawn up. Further information is available for schools.

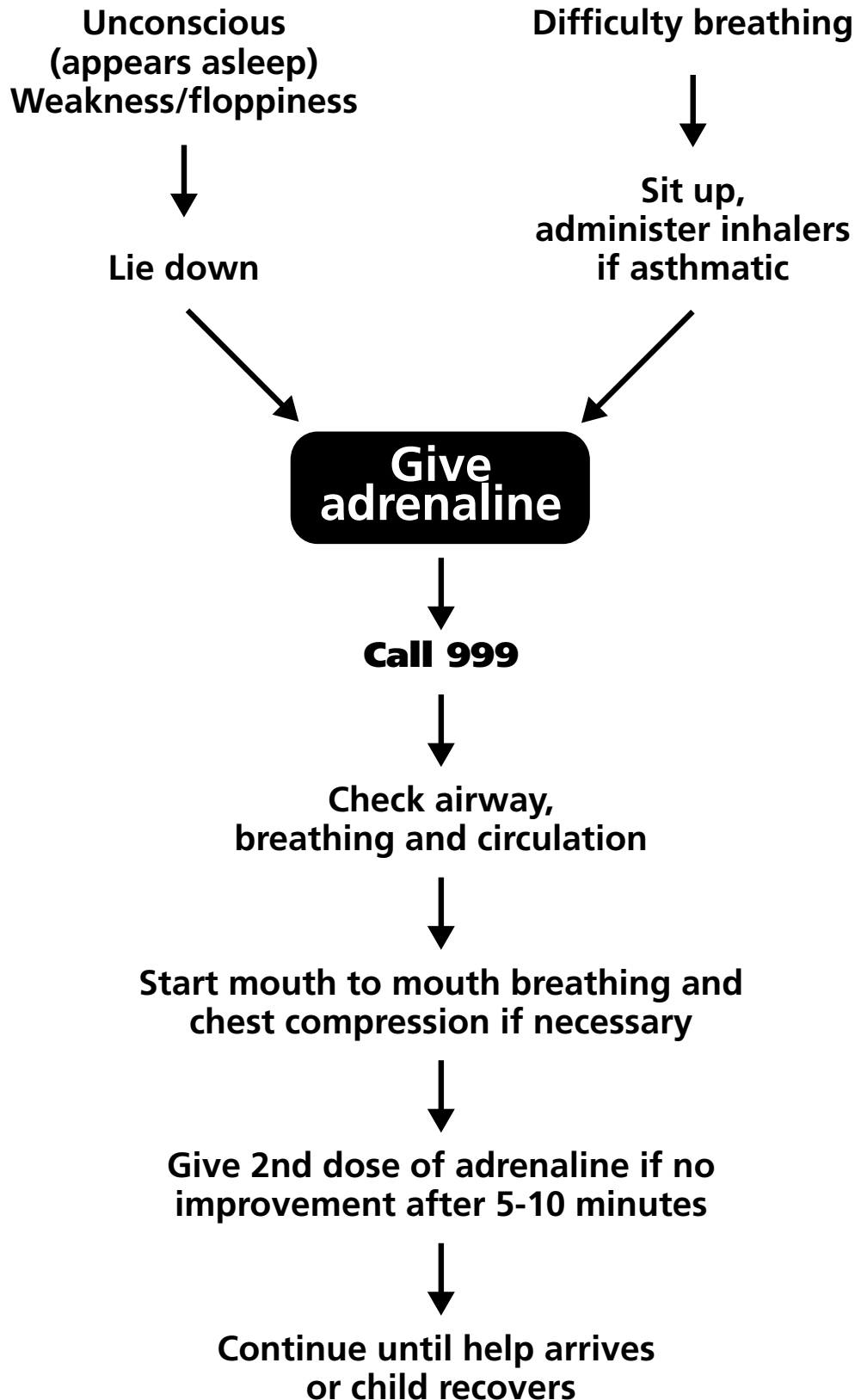
We recommend children wear an emergency bracelet, such as MedicAlert.

Accidental use

Keep the adrenaline pen away from small children. If adrenaline is accidentally injected into the wrong area, particularly the hand, seek medical attention immediately. It will reduce the blood supply to the area and may make the area go blue.



What to do if a child has an anaphylactic reaction





Reminder

You may find it useful to go through the following checklist

- When to use an adrenaline injection
- How to use an adrenaline injection
- When to carry an adrenaline injection
- Storage and disposal of an adrenaline injection
- Expiry date of adrenaline injection
- Friends and babysitters aware
- School aware of risk
- School trained and have two adrenaline injections
- MedicAlert® information

For further information

Allergy UK

Helpline: 01322 619864

Website: www.allergyuk.org

Anaphylaxis Campaign

Helpline: 01252 542 029

Website: www.anaphylaxis.org.uk

MedicAlert®

Freephone: 0800 581420

Website: www.medicalert.co.uk

Notes

How an Epipen® saved Lucy's life

Lucy's mother will never forget the moment when she knew she would have to administer the Epipen® to her daughter.

Lucy, who has a host of allergies, had returned from a friend's house complaining that she felt dizzy. She began vomiting, developed hives and became unable to speak to her parents.

During the journey to hospital, Lucy turned blue and her mouth swelled.

'It was at this exact moment we knew we had no choice but to administer the Epipen®, says Anne.

'It was very frightening as this was the first time we have actually given the pen ourselves. We went on to the hospital, where she was well looked after. Having done this, I would have no problem in doing this again. After all, we saved her life.'

Compiled by the Immunology department in collaboration with the Child and Family Information Group

Great Ormond Street Hospital for Children NHS Trust
Great Ormond Street
London WC1N 3JH

www.goshfamilies.nhs.uk

www.childrenfirst.nhs.uk