



PEANUT AND STING ALLERGIES

The number of children, and adults, with sting and peanut allergies is on the increase. Sting allergies are easier to guard against with wearing shoes - long sleeves and staying away from bees etc. On the other hand nut allergies are very hard to protect against because people can come into contact with peanuts in so many accidental ways.

Peanuts, a cheap source of dietary protein predominantly ingested as peanut butter, have indeed become one of the world's most allergenic foods. They are, unfortunately, progressively finding their way into more and more food products either directly, or by indirect contamination of food products during the manufacturing process. Peanut may be designated on a food label in a less easily recognized term such as "hydrolysed vegetable protein" or "groundnuts". It is important to realize that for the sensitive person, this is a lifelong allergy, and that even trace amounts can kill. Sensitization may possibly occur during a pregnancy when the mother overindulges in or perhaps even just eats peanut products, and peanut proteins have even been found in breast milk.

A child with a peanut allergy can die in as little as 3 minutes from contact with anything including food or drink containing peanut derivatives. A kiss on the cheek by someone who has eaten peanuts, or simply peanut dust residue can cause a reaction. Some even react to paper handled by someone eating peanuts or a knife handle that has only been wiped not washed.

WHAT IS MY LIABILITY?

If you have not been advised of a child's health problems you can only be expected to do what you know.

BUT

If you have been informed that the child has a particular problem there is a requirement on you to seek information on what to do. This means talk to the parents and find out what they want you to look for and how to treat it.

The type and style of treatment can vary between health professionals. Parents can have their own beliefs, and demands as to what they want for their child, therefore its important to talk to those who can usually provide the best information covering a child's specific reactions and the most effective first aid THE PARENTS.

WHAT TO DO?

We suggest that;

- **You meet with the parents to discuss and to write down the details of what to do and when, preferably in dot point, so you can copy it and give it to leaders who might be involved with the child now or in the future..**
- **Possibly have the parents explain the allergy at a parents meeting, even to the youth members.**
- **You put a total ban on nut products coming to the hall or on outings etc.**
- **Remember to tell new parents about the ban.**
- **Keep a reminder in your Group Newsletter.**
- **You put a reminder of the ban on each 'Permission Form' for outings and camps.**
- **You keep an Anaphylaxis Shock Plan, checked by the family's doctor. (ATTACHED)**
- **Whilst even 5 years old know when to self administer, its important that you can identify the unconscious child and the appropriate Epipen.. They are usually stored in a plastic container very much like a toothbrush box from a vanity bag set. We suggest you have the parents stick the child's photo on the box OR you can put one on held in place by an elastic band. Then you know if a child has been knocked unconscious or it is the child with the allergy.**
- **You be VERY aware that the danger age is teenage years when youth at these ages take on a dare or have just moved out from the protective eyes of their parents and miss reading the ingredients etc.**

- Some say peanut cooking oil is alright for some. We suggest canola or rape seed oil for cooking. Again ask the mother.

WHAT HAPPENS ?

Things swell, muscles tighten and people have difficulty in breathing until sometimes they can suddenly no longer breathe, there are other worrying signs listed below its called:

The Allergic (Anaphylactic) Shock Reaction

This reaction to peanuts stings or other allergies can begin and proceed rapidly, occasionally proving fatal within minutes. It must be treated with adrenaline HCL (epinephrine) immediately at the first signs of reaction, and the reaction may recur after initial therapy so that ongoing observation and care are required. Possible symptoms of reaction to peanuts or stings may include (not necessarily in this order):

- ❖ sense of foreboding, fear, or apprehension
- ❖ running nose, voice change
- ❖ flushed face, hives, swollen or itchy lips, mouth, eyes, or tongue swelling
- ❖ tightness in mouth, chest or throat
- ❖ difficulty breathing or swallowing, drooling, wheezing, choking, coughing
- ❖ vomiting, nausea, diarrhoea, stomach pains
- ❖ dizziness, unsteadiness, sudden fatigue, rapid heartbeat, chills
- ❖ pallor, loss of consciousness, coma, death

TREATMENT

Remove them from the allergen including washing the part or, if ingested, rinsing the mouth out, if conscious.

Most people with this allergy know when, and how, to administer treatment. They need your support and the ability to get them to professional help, this ideally should be a hospital or an ambulance ,

It is rare that a carer has to administer the epipen, but essential if the victim appears to be loosing consciousness or an inability to breath. Remember that epipen dose is comparatively safe, and better than death.

You should also ask parents about the use of asthma puffers as an extra supportive treatment, some doctors suggest this in some cases. If they suggest its use find out which type.

DIRECTIONS FOR USE OF THE EPIPEN AND EPIPEN JNR

Amount of adrenaline HCL (epinephrine) delivered

EPIPEN® = one dose of **0.30mg** adrenaline HCL (epinephrine) (USP, 1:1000, 0.3mL) **EPIPEN® JR** = one dose of **0.15 mg** adrenaline HCL (epinephrine) (USP, 1:2000, 0.3mL) – This is significantly less than the Ambulance Officers are authorised to use and in hospital they use even larger doses when indicated. Note: most of the liquid (about 90%)stays in the auto-injector after use and cannot be reused

--Follow these directions only when ready to use.

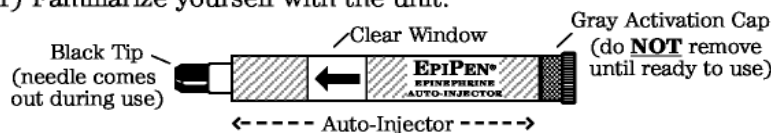
--Never put thumb, fingers, or hand over black tip. The needle comes out of black tip. Accidental injection into hands or feet may result in loss of blood flow to these areas. If this happens, go immediately to the nearest emergency room.

-- EPIPEN®/EPIPEN® JR should be injected only into the outer thigh

--Do NOT remove grey activation cap until ready to use.

1) Familiarise yourself with the unit.

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2) Grasp unit, with the black tip pointing downward.

IMMEDIATELY AFTER USE

They **will** need further medical attention.

-- Go immediately to the nearest hospital emergency room or call an ambulance

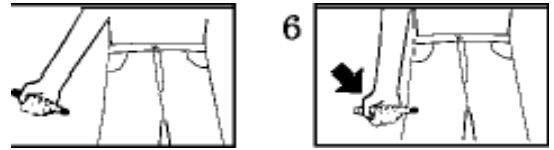
-- Tell the physician that the person has received an injection of adrenaline HCL (epinephrine) (show them the injection site).

-- Give the used **EPIPEN®/EPIPEN® JR** to the physician for inspection and proper disposal.

- 3) Form a fist around the auto-injector (black tip down).
- 4) With your other hand, pull off the grey activation cap.



- 5) Hold black tip near outer thigh.
- 6) Swing and **JAB FIRMLY** (about the same force you would bang your fist on a table to attract attention) into outer thigh so that auto-injector is perpendicular (at a 90° angle) to the thigh and thus activated. then. count ‘1 ELEPHANT’ –‘2 ELEPHANT’ – ‘3 ELEPHANT’ up to ‘10 ELEPHANTS’ in this way you ensure a correct dose is administered, less is usually enough but this make absolutely sure.. (You often hear or feel a click as the needle action occurs.)
- 7) Massage the injection site for about ten minutes.
- 8) Remember the needle will remain exposed after use so be careful..



Failure Of Treatment

- o Failure to carry and know how to use epipen at all times. (In some cases, failure of a caregiver to understand fully or to administer this.) It is often wise to have a child's picture on the adrenaline HCL (epinephrine) container.
- o Failure to use adrenaline HCL (epinephrine) immediately for a peanut or sting reaction
- o Attempting to use an oral antihistamine alone to control symptoms
- o Failure to be taken to a nearby hospital quickly after adrenaline HCL (epinephrine) use. (Here you must decide if an ambulance with life saving equipment can get to you quicker than you can get the child to hospital or vice versa. Speed of treatment is important,

PROBLEMS

The problem can be exacerbated by a number of things.

- o Peanut based products being smuggled into the hall or camp.
- o The parents of non-sensitive children may selfishly (or for financial reasons) argue that, "Why my child should be deprived of peanut when the problem is that of another child?" Perhaps the answer lies in the counter-argument that if their child had the life threatening reaction, would they not be the first to demand that all peanuts be removed from the child's environment.
- o Not reading the labels
- o Not taking these allergies seriously
- o Someone people just isolate the child to a separate table or area, whilst others eat peanut products.

YOU CAN ONLY DO YOUR BEST.

In many cases even if a doctor was present, the treatment would be limited by what was available for the doctor to use.. Remember the old saying ‘The more you prepare for something to happen the more likely is that it will not happen.

**Remember
“BE PREPARED”.**

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IDEAS.

Anything you want covered by Members Support in a future News on the Web, or made into a Leaders Support Guide, drop me an brief line on my private email at wcbateman1@optusnet.com.au

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State Headquarters Support Team

Dr Warwick Bateman OAM (State Commissioner - Members Support)
Robert Rodgers. (Assistant State Commissioner - Members Support)

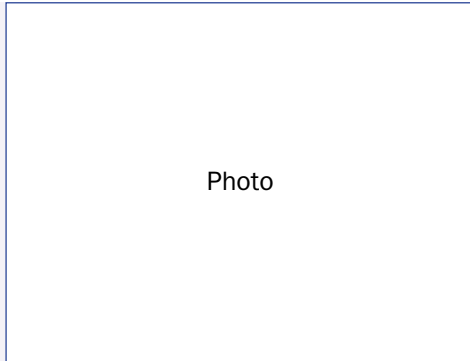
Regional Support Team

Consult your Region Office for their contact details.

Action plan for Anaphylaxis

Name: _____

Date of birth: _____



Known severe allergies: _____

Parent/carer name(s) _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

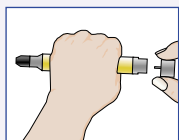
Plan prepared by:

Dr. _____

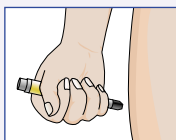
Signed _____

Date _____

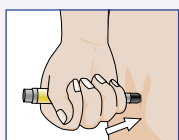
How to give EpiPen® or EpiPen® Jr



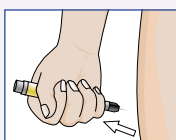
1. Form fist around EpiPen® and pull off grey cap.



2. Place black end against outer mid-thigh.



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

ACTION

- stay with child and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact parent/carer



watch for signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr**
- 2 Call ambulance. Telephone 000**
- 3 Contact parent/carer**

If in doubt, give EpiPen® or EpiPen® Jr

Additional Instructions _____

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australasian society of clinical immunology and allergy inc.

www.allergy.org.au