

Allergy Attack

WHILE THERE IS AWARENESS THAT ALLERGIES CAN BE LIFE-THREATENING, NOT MANY ARE AWARE OF THE ACTIONS TO BE TAKEN SHOULD AN ATTACK OCCUR. RACHEL LIM SPEAKS TO A PARENT WHOSE CHILD HAD A BOUT IN SCHOOL



While a glass of cow's milk may come across as a delicious, wholesome drink full of wonderful nutrients beneficial for growing children, it can also trigger anaphylaxis, a serious allergic reaction with a rapid onset that may cause death. Anaphylaxis occurs when the immune system is activated in an exaggerated manner in response to the allergen (trigger). It is not limited to just young children. Anyone can be affected by this allergy which could result in urticarial rashes, angioedema of the tongue or larynx, wheezing and low blood pressure.

Drugs such as antibiotics like penicillin, NSAID pain medication, anaesthetic medications, contrast media, and chemotherapy are common triggers of anaphylaxis in older adults. Insect anaphylaxis, while less common, tends to occur mainly among young male adults and it includes triggers such as stings from bees, wasps and ants. Young children, in particular, are the most susceptible to food anaphylaxis with triggers such as cow's milk, egg white, wheat and peanut. Older children

and adults can also be affected by food anaphylaxis due to triggers such as peanut, tree nut and shellfish.

Peanut is a trigger for Dr Audra Fong's child, who suffered anaphylaxis while at school. After finishing a bowl of Japanese Curry Rice from the new canteen vendor, Craig, who was then in Primary 5, started to feel his throat tightening and experienced shortness of breath. Craig, who knew that he had nuts and shellfish allergy, immediately recognised the "funny feeling" as a sign that he had ingested food that contained allergens. Before long, he felt nauseous and threw up, but that did not relieve the throat tightness.

Frightened, Craig ran about the school, looking for his class teacher for help, but being a co-curricular activities day, everyone was scattered around the school. Two of his friends tried to help him, but to no avail. Eventually, Craig made his way to the sick bay where he managed to call his mother for help. Unfortunately, even while at the sick bay, school staff did not provide necessary assistance to Craig, even though he

had a bottle of antihistamine and two personal EpiPens in school. One of the EpiPens was in his school bag, while the other was in the school's sick bay. No one registered aid to Craig, despite him being in obvious and dire need of medical attention.

This was because at that point of time, it was a Ministry of Education (MOE) directive that no medication could be administered to a child while in school under any circumstances, even in a life-threatening situation like anaphylaxis.

Thankfully, Craig managed to get home without further worsening his symptoms or collapsing, but Dr Fong was horrified and disappointed when she found out what had happened at school. She had diligently drawn out an anaphylaxis action plan, and trained Craig's teachers about anaphylaxis and the use of the EpiPen annually for the past five years, yet the school had to follow the preset policies that offered no help to a child in need of urgent medical attention.

Furthermore, there was no food labelling in the canteen. Only after Dr

Fong called the school to probe about ingredients in the food sold did she find out that the Japanese curry rice sauce contained peanut sauce, which triggered the reaction in her son.

There was a lack of any protocol to follow in cases of emergencies such as anaphylaxis, and the archaic policy could have led to an unthinkable outcome for her son, said Dr Fong.

Upset, Dr Fong subsequently wrote in to MOE and her letter reached the-then Permanent Secretary of Education, who helped to quickly put in place a new policy. The new policy states that parents who have a child with any medical condition that may necessitate the administration of medication while in school must arrange for the child's doctor to personally come to the school and educate and inform a select group of teachers in-charge about the condition, and to train them in the use of such medication. Following this, parents had to sign a consent letter stating that they gave consent for the administration of such medication and under whatever circumstances deemed fit.

Such a protocol is in place at the ISS International School, which has in place precautionary procedures to ensure students who may have anaphylaxis can be identified. According to Nurse Daljit, when the child is registered with the school, parents must fill in the medical form providing the child's medical history, including if the child has an allergy, or he/she has a EpiPen prescription by the attending doctor. If the child's allergy has not been confirmed, parents are encouraged to get the allergy test carried out to confirm the diagnosis.

Some children have an allergy to nuts but they are not on EpiPen. Hence, a certification by the doctor is required to certify whether the child requires an EpiPen, and if not, what alternative treatment they can be placed on. An official endorsement is filed and kept for future updates and references. All students with a severe history of allergy must carry their personal issue of EpiPen in their fanny packs. During breaks, as well as school outings, the students are required to bring along fanny packs. Periodically, the expiry dates of the EpiPens are checked, and parents are

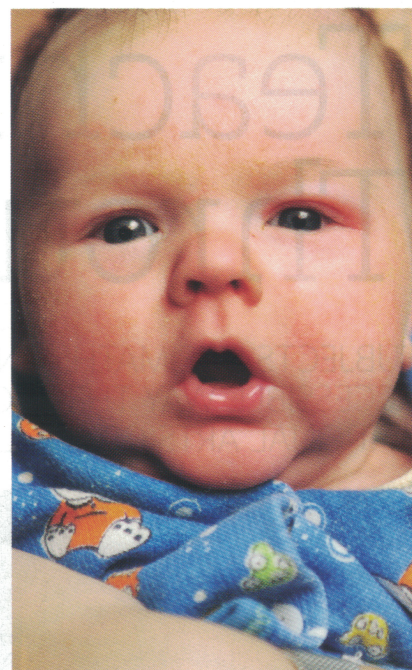
advised on the date of expiry and when to replace the autoinjector.

Teachers at the ISS International School are also comprehensively trained to understand the condition of anaphylaxis. At the beginning of each new school calendar, a briefing is conducted to train new teachers, as well as the existing ones. Dummy autoinjectors are provided for hands-on training, adds Nurse Daljit. An updated list of students with a history of allergies and medical conditions is given to the respective class teachers annually, and the teachers are also briefed on the action plan for anaphylaxis. As every action plan is exclusive to the child, teachers have to observe the sign and symptoms and the severity of the attack in accordance with the action plan. Aside from teachers, non-teaching staff are familiarised with all the children on the EpiPen too.

When it comes to aiding someone with anaphylaxis, the most important aspect is to recognise the presence of the anaphylaxis attack itself, according to Dr Liew Woei Kang. Dr Liew is a Consultant Paediatrician with special interest in Allergy and Immunology, practising at SBCC Baby & Child Clinic, Gleneagles Medical centre. He is also the current President of the Asthma & Allergy Association. The symptoms of anaphylaxis include itchy rashes, swelling of tongue, lips or eyes, persistent coughing, breathlessness, pain in the throat, hoarse voice and even fainting or collapsing.

First aid measures should be instituted including lying the patient down (to prevent hypotension), calling for assistance or the ambulance (#995), administering an adrenaline auto-injector like EpiPen, and to proceed for a medical assessment in case of a late-phase reaction. People around can assist by recognising the anaphylaxis attack, calling for assistance, and administering the adrenaline auto-injector like EpiPen. Basic first aid like cardiopulmonary resuscitation (CPR) would not be necessary unless there is no pulse or breathing.

And with better awareness about anaphylaxis, the public can be more well-informed about the course of action they should take in the event of being around someone affected by anaphylaxis.



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