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### Be prepared for allergic reactions

Is your child one of more than 2 million kids in the U.S. who has or will develop a significant allergic disorder? The November issue of "Pediatrics" reports that 1 percent to 2 percent of us are at risk of having a severe life threatening allergic reaction, with food allergies the most common, followed closely by reactions to insect stings. Over the past few years, for reasons that are presently unclear, we have seen dramatic increases in food allergies.

The Massachusetts Department of Health recently conducted a two-year study of the incidence of allergic reactions in 109 Massachusetts school districts. One hundred children and teachers in 48 districts suffered allergic reactions severe enough to require shots of epinephrine (adrenaline) in school. Most reactions were related to eating tree nuts or peanuts. However, at times inhaling particles or contact with the skin was enough to set off allergic reactions.

Symptoms of severe allergic reactions include itchy, red, swollen rashes (hives), coughing, wheezing, shortness of breath and, in more severe cases, falling blood pressure and loss of consciousness. Given the symptoms and life-threatening nature of these reactions, it is very important that families and schools communicate and plan appropriately. It is frightening that in almost one quarter of the cases reported in the study, school personnel had not been informed of the condition. In addition, up to 25 percent of children who developed food allergies experienced their first reactions in middle school. Preparation requires consideration that these events can take place anywhere, including the classroom, cafeteria, bus and field trips.

Parents must be proactive and notify schools when their children have any significant medical issue, including a food allergy. Schools must prepare for students known to be at risk, as well as for emerging allergies and those about which they had not been informed. Students known to have a life-threatening allergy need a prescription for an EpiPen and a written plan for use in school. Decisions on its use must be decided including whether the student will carry the medication all the time and if there is a back up EpiPen in the office.

Someone should also be responsible for checking the medication to ensure it doesn't go out of date.

Schools must train staff in the recognition of an anaphylactic (severe allergic) reaction and prepare to respond to both those who have written, physician authorized plans and students who may have an initial reaction in school. A school nurse may use an EpiPen without an order, in an emergency, or EMS must be called. The school nurse and physician should prepare every school with an approved response plan that authorizes the stocking and use of EpiPens in emergencies.

School plans should include ambulance transportation to an emergency room, as EpiPens are short acting. Their effectiveness wears off quickly and frequently. The symptoms can return after a calm period with more severe symptoms than at the initial reaction.

Proper preparation and communication is the key to preventing a tragedy. Care should be taken to limit exposure to known high-risk foods and products to the highest degree possible, but we do know that kids share and often make impulsive decisions that can put them at risk.

If you have questions regarding this, or any other issue, contact your pediatrician.

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