- Measures have been taken, by the Utah Department of Health, Bureau of Health Promotions, to ensure no conflict of interest in this activity

GET SCHOOLED IN ANAPHYLAXIS AND CHIRP

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An Allergic Reaction

- A allergen or trigger sets off the an overreaction of the immune system. This can cause a rash, itchy eyes, a runny nose, trouble breathing, nausea, and diarrhea.

- Most everyone will develop allergies during their lifetime

- Most reactions are mild and easily managed

What is Anaphylaxis?

- Anaphylaxis is a LIFE THREATENING allergic reaction
- Anaphylaxis is an ALLERGIC EMERGENCY
- Anaphylaxis is defined as a reaction involving at least 2 organ systems (or a drop in blood pressure).

Anaphylaxis
Signs and Symptoms

Skin

- Hives or rash
- Itching
- Flushed or pale
- Swollen, sore, burning, or itchy lips, tongue, or roof of mouth

Respiratory

- Tightness of throat
- Chest tightness
- Difficulty breathing
- Chest pain

Gastrointestinal

- Vomiting

Neuro

- Dizziness or headache
- Low blood pressure
- Unconsciousness

But kids say the darndest things…

- It feels like something is poking my tongue
- My tongue (or mouth) is tingling (or burning)
- My tongue (or mouth) itches
- My tongue feels like there is hair on it
- My mouth feels funny
- There’s something stuck in my throat
- My lips feel tight
- It feels like there are bugs in there (itchy ears)
- This food is too spicy

What’s our risk?

- Children are more vulnerable because they are inconsistent in avoiding their triggers and in carrying their Epi-pens.

- The two most common triggers associated with anaphylaxis can be found in the school environment, food and insects

What is the risk?

- Food allergies affect 1 IN EVERY 13 children in the US. That is 2 in every classroom.
- The CDC states that food allergies in children increased approximately 50% between 1997-2011.
- Every 3 minutes a food allergy sends someone to the emergency department.

(Tools and resources, 2014)

Does it really happen at school?

- Of kids with food allergies, 40-50% are at risk for having anaphylaxis.
- 84% of kids with food allergies have a reaction at school.
- 25% of first allergy reactions happen at school

(Morris, Belot & Edwards 2011)

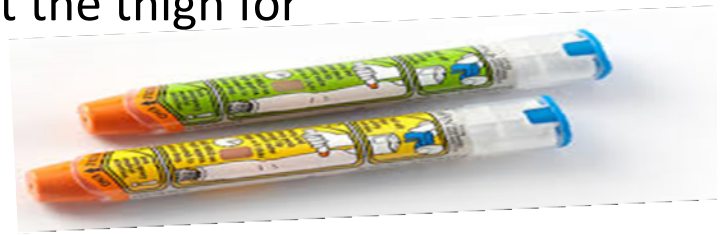
Treatment

- Epinephrine the first-line treatment

- What does it do?
  - Constricts blood vessels to increase blood pressure
  - Relaxes smooth muscles in the lungs to reduce wheezing to improve breathing
  - Stimulates the heart (increasing heart rate) and working to reduce hives as well as swelling that may occur around the face and lips

Administration

- Remove the auto-injector from the clear carrier tube
  - Check the expiration date and be sure the medication is clean and clear
- Grasp the auto-injector in your fist with the tapered tip pointing downward
  - Note: The needle comes out of the tapered tip
    - Never put your thumb, fingers or hand over the tip
- With your other hand, remove the safety release cap by pulling straight up without bending or twisting it
- Hold the auto-injector with the tapered tip near the outer thigh. Swing and firmly push the tip against the outer thigh until it “clicks”. Keep the auto-injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh. Hold firmly against the thigh for approximately 10 seconds to deliver the drug.



Points to remember

- There will still be medication in the injector after administration
- The only approved injection site is the outer thigh
- Through the clothes is fine
- After using the Epi-auto injector, “seek emergency medical attention”
  - Epinephrine is a short term medication, the full symptoms of the anaphylaxis could return when the medication wears off
  - Minimum required observation after an epi injection at PCH is 3 hours
  - Have them take the injector to the hospital with them
- **When in doubt…give it!**

Formerly known as the Emergency Health Information Registry for Children with Special Health Care Needs

Introducing…

Children's Health Information Red Pack

CHIRP

Who can be enrolled?

Children with…

- Frequent seizures
- Tracheostomy
- Ventilator dependency– CPAP / BIPAP
- Congenital heart disease
- Complex respiratory and cardiology needs
- Neurologically compromised and requires suctioning for airway patency
- Severe asthma with past admittance to ICU
- Severe Autism
- Brittle diabetes

What does this mean to EMS and EDs?

- It satisfies the HIPPA requirements to allow the EMS provider access to medical information on children in their service area enabling them to provide the best care possible.
- And it promotes easy access to <u>current</u> key information in the moment it is needed.

What does it mean for parents?

- Once enrolled, a parent can easily update their child's changing medical needs, medications, and recommendations online.

- Knowing that their child has up-to-date information available to anyone caring for their child can give them peace of mind

How to enroll:

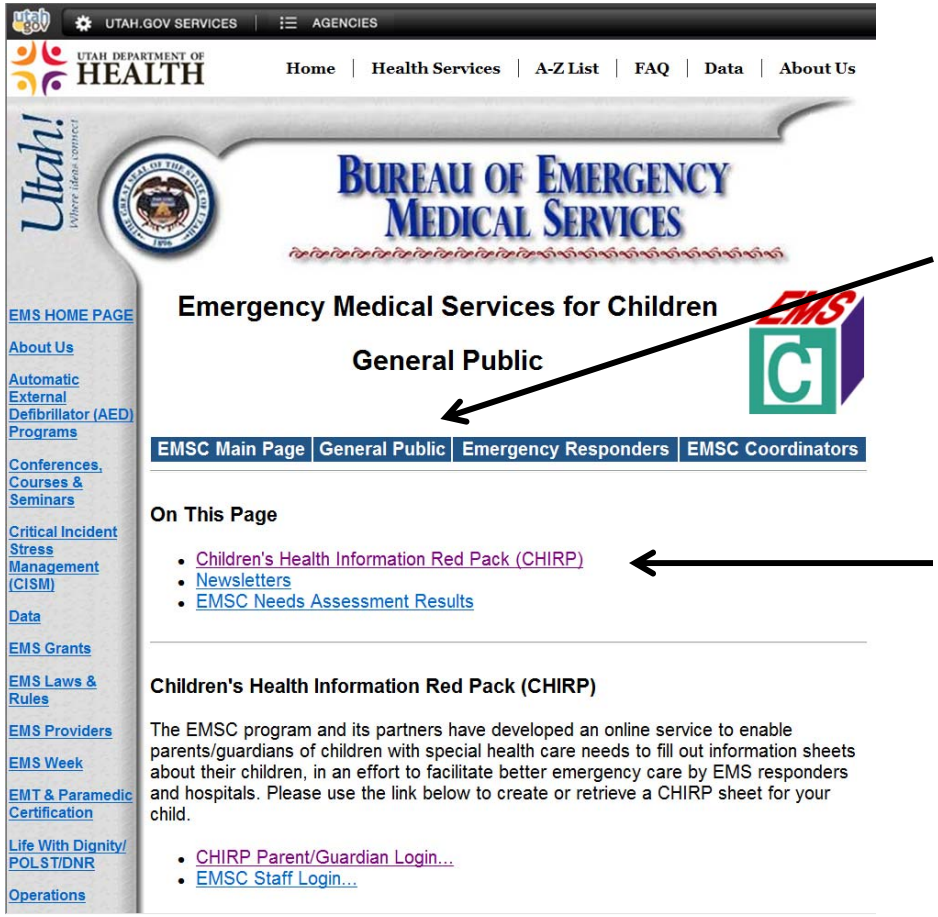
www.health.utah.gov/ems/emsc

and coming soon...

http://chirp.utah.gov

Enroll

Go to the EMSC home page

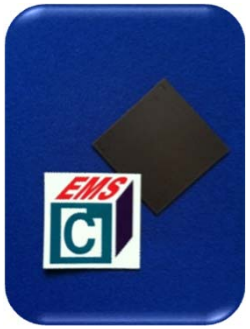


- Click on the **General Public** Page
- Click on the **Children's Health Information Red Pack (CHIRP)**

Once enrolled, what happens?

- Their information will be reviewed by the EMSC Pediatric Clinical Consultant RN.

- The parents will be sent the following;
  - A letter explaining the program
  - Two document vials to store current copies of the Health Information Sheet
    - One to be kept in the “red pack” with the child at all times
    - The other to go in the door of the refrigerator where the child resides.
  - An EMSC sticker that the family can place on the inside of their main door as a signal to EMS to look in the fridge
  - An EMSC Magnet to go on the fridge containing the information sheet



Children's Health Information Red Pack (CHIRP)

Demographics (Demografía)

Name (nombre) Jane Mary Doe

Birthdate (fecha de nacimiento) 01/01/2011 Age (edad) 2 ☐ M ☒ F

Primary Language (idioma preferido) Spanish

Parent/Guardian (nombre de Padre/Tutor) Tia D Dalrymple Phone 801-707-3763

Emergency Contact (contacto de emergencia) Dad Doe Phone 801-455-4555

Preferred Hospital for Transport (hospital preferido) Primary Children's Medical Center

Baseline Status (condición normal)

Vital Signs (los signos vitales)

HR 126 RR 30 BP 80 / 40 O2 Sat 84

Weight (peso) 10 lbs Height (altura) ft/in Best IV Site (mejor IV sitio) Hand-Left

Neuro Status/Your Child's Developmental Level (condición neurológico del paciente)

Will make eye contact

☒ Nonverbal (no puede hablar) ☐ Hearing Impaired (no puede oír) ☐ Visually Impaired (no puede ver)

Medical History (historial médico)

Allergies/Reaction (alergias/reacción)

1. Latex: (Hives)
2. Medication: Amoxicillin (Rash)
3.
4.

Medical Conditions (condiciones médicas)

Epsteins Anomaly

Hospitalizations/Surgeries (hospitalizaciones/cirugías)

Heart Surgery -repair Of Anomaly

Medications (medicinas)

1. Toprol xl -beta blocker
2. Lasix -diuretic
3.
4.
5.
6.
7.
8.

Last Updated (fecha) 08/02/2013 8:50 am

Name (nombre) Jane Doe

Demographics

Baseline Status

Medical History

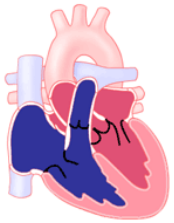
Children's Health Information Red Pack (CHIRP)

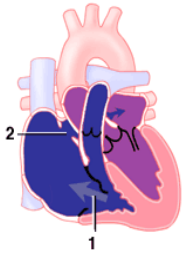
Special Needs/Equipment (Necesidades especiales/equipo)

- [X] Apnea Monitor (monitor de apnea)
- [ ] Feeding pump (bomba de alimentación)
- [ ] Gastrostomy Tube (tubo gastronómico)
- [ ] NG/NJ Tube (tubo nasogástrico)
- [ ] Tracheostomy (traqueotomía) Size/type (medida/marca) _____
- [ ] Ventilator (ventilador) Type/mode (marca/moda) _____
- [X] Oxygen (oxígeno)
- [X] Pulse Oximeter (oxímetro)
- [ ] Suction Machine (máquina de succión)
- [ ] Wheelchair (silla de ruedas)

Other Information for Emergency Responders (Otra información de emergencia)

No IVs in the right arm. Spanish interpreter if possible.





Physician and Specialists (Médico y especialistas)

Primary Care Physician (médico de atención primaria) Dr Good Phone 801-000-0000

Specialists or other services involved in your child's care (especialistas)

Dr Pumping Heart, Cardiology, 801-000-0000

Last Updated (fecha) 08/02/2013 8:50 am

Name (nombre) Jane Doe

pg. 2

Special Needs/ Equipment

Other Information

Physician and Specialists

Teachers

- Encourage enrollment
- Ensure EMS can find the re pack if the child has an emergency in your classroom

Questions

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  - Tia.dalrymple@imail.org
  - (801)707-3763

- Whitney Levano MPH
  - (801)314-4238

Refernces:

Morris, P.G., Baker, D., Belot, C., & Edwards, A. (2011). Preparedness for students and staff with anaphylaxis, *Journal of School Health, 81(8), 471-476.*

Tools and resources, (2014). Retrieved from www.foodallergy.org/facts-and-stats