

WHAT TO DO WHEN A CHILD EXPERIENCES AN ASTHMA ATTACK:

- Have the child cease any physical activity.
- Reassure the child that he/she will be all right and that you will help or get help.
- Ask the child to use his/her “puffer” (usually Ventolin or Berotec).
- If the attack does not subside, call the parents.
- If the child struggles for air, or continues to be in distress, call for emergency help.
- **DO NOT LEAVE THE CHILD ALONE - DO NOT send the child home unattended.**

General Information on Asthma

Asthma is a condition where the linings of the very smallest airways of the lungs swell and become thickened with mucous. Children may experience mild to severe asthma. Usually the child with asthma will be well controlled with medication but sometimes an attack may occur that will need extra attention. Many children with asthma are able to participate in all school activities. However, they may have to take medication before exercise. Some field trips, cooking, perfume, chemicals or pets in the classroom may not be appropriate since they may cause an asthma attack. Each asthmatic child will have unique, individual needs.

Symptoms of a Child Experiencing an Asthma Attack

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| • Suddenly becoming quiet or withdrawn | • Pale |
| • Frightened or distressed look on face | • Shoulders may be up or hunched |
| • Unable to say a complete sentence in one breath | • May have a tight, hoarse cough |
| • Bluish tint around lips, nose, ear lobes and nail beds | • May breathe rapidly |
| • Indrawing-the hollow in the child’s neck will suck in with each breath. | |

NOTE- some asthmatic children may NOT appear to be in trouble but will really be in distress. Listen to the child. **Believe the child. Asthma can be life threatening if not treated.**

GENERAL INFORMATION ON ANAPHYLAXIS

Anaphylaxis (pronounced “anna-phil-axis”) is the term used to describe a sudden, severe allergic reaction. Anaphylaxis can be life-threatening. It must be treated immediately.

Here are some of the common signs of an anaphylactic reaction:

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| • Tingling of lips and mouth | • Vomiting | • Inability to breathe |
| • Flushing | • Diarrhea | • Loss of consciousness |
| • Itchy eyes, nose, face | • Weakness and dizziness | • Hives |
| • Swelling of the eyes and face | • Swelling of the throat | • Wheezing |

PEANUTS, SHELLFISH, NUTS, EGGS AND FISH are among the common foods that can cause this reaction. Some of the less common foods that may cause anaphylaxis are milk, beef, pork, soya and potato. Anaphylaxis is easily recognizable. You will not mistake a reaction if you see one happening.

Anaphylaxis is first treated through antihistamine medication. If the condition worsens, an adrenalin injection (usually called an “EPI-PEN”) must be administered. The EPI-PEN will be supplied by the parent or guardian and should be kept where it can be quickly and easily accessed. It is preferable to have the EPI-PEN in the classroom as minutes count when this type of reaction occurs. Prompt treatment is critical.

If you are unsure whether the child is suffering a true anaphylactic reaction, **DO NOT HESITATE TO ADMINISTER THE ADRENALIN (“EPI-PEN”)**. It is best to be safe. Adrenalin will cause some tremor and increased heart rate but will not have an adverse reaction.

Preparing for the Anaphylactic Child:

- All school personnel should be informed if a student has a severe allergy which could result in a life-threatening situation. Before the child enters school, a conference should be held with the parents or guardians of this child and his/her teachers so that everyone is aware of the child’s special needs.
- The parent should provide a letter from the child’s physician explaining the allergic reaction and how it should be treated.
- The child with a severe allergy may require close monitoring, especially in the lower grades where she or he may be encouraged to partake in a snack program that may contain inappropriate foods. Similarly, if it is “bee” season and the child is allergic to insect bites, supervision may be required.
- The EPI-PEN injector is easy to use and requires no medical training. Instructions are usually printed on the injector.