

Ingestion Scenario

8 year old male with known peanut allergy is at a Valentine's party in his classroom. He ingests plain M&M's (unfortunately contaminated with peanut from the factory) he immediately complains of itching and tightness of the throat.

Covers:

Drugs, Medications, Food, NSAIDs, Latex, to include pseudoanaphalaxis from opiates, exercise induced food related.

Symptoms:

- Generalized itching, oral itching (somewhat unique to ingestion)
- Throat closing, tightening or the throat, change in voice.
- Vomiting, abdominal pain, intense nausea, diarrhea
- Generalized Swelling (especially noticeable with eyes and lips)
- Cough and wheeze
- Vascular collapse, light headed, fainting

"Pearls":

- The more rapid the onset of symptoms, the more severe the reaction
- The more rapid the intervention, the more likely a successful outcome
- With ingestion, intervention with epinephrine can be considered when a person ingests something to which they know they are allergic before symptoms
- Biphasic or late response is frequent, so you may need epinephrine 45 minutes to 4 hours later. (Keep this in mind before you decide to discharge the patient)
- Patients taking ACE inhibitors and/or beta blockers may not respond to intervention, the answer is more epinephrine
- Male gender is a risk factor for fatal ingestion
- Ask "Are you allergic? Do you have an EPI pen?"
- You are not going to hurt a child with the adult dose
- In patients with a lot of fat tissue the needle may not be long enough to reach the muscle, so a longer needle may need to be employed or pressing very hard while injecting
- EPI pens in the school situation should be accessible, preferably with the allergic person (in the classroom)
- Reactions in children in school do not necessarily occur in the lunch room; of equal importance is the playground and classroom. Foods may be contaminated with allergen.
- EPI pens are occasionally kept in the same spot for all students, don't look for the EPI pen labeled specifically for a student, just use the one most available
- The first reaction to a food allergen can be life threatening, therefore the argument that generic EPI pens should be available in all schools. (This also covers insect stings)

Intervention:

- Epinephrine 1-1000 0.3-0.5 immediately (.01 ml/kg) May repeat every 5 minutes
- Volume support
- Oxygen
- Bronchodilators
- If patient cannot be stabilized, continue with CPR & ACLS recommendations
- Be careful if the patient is obese
- If you cannot tell, intervention is the same regardless of the trigger