

Healthy Colts Initiative - Emergency Protocols

Severe Allergic Reactions and Anaphylaxis

Definition:

A potentially deadly allergic reaction that is rapid in onset, most often triggered by foods, medications and insect stings. Severity can be minimized by early recognition of the symptoms, which include:

- hives (itchy red patches on the skin)
- swelling of the skin, especially of the face, lips, tongue, throat
- difficulty breathing - cough, wheeze, chest tightness
- lightheadedness, dizziness, fainting
- itching, redness or tearing around the eyes or of the throat
- nausea, vomiting, stomach cramping

This can happen to anyone, even those who have never had a severe allergic reaction in the past, and should be treated as a **medical emergency!** The sooner treatment is started, the better the outcome.

Treatment:

- Use the Epi auto injector - if a child has one for known allergy, use it. The instructions for use are located on the EpiPen itself, making it very easy to use.

- Call 911 - the patient will need to be evaluated in an emergency department even if symptoms seem to be rapidly improving.

- Remove the cause of the allergy (ie. be sure to remove the stinger if cause is a bee sting, or the food if that is the allergen)

What to ask parents:

- What triggers your child's allergic reaction?
- Does your child also have asthma? If yes, it is important that they have their inhaler with them at every practice, as well as an EpiPen.
- Has your child been to the ER for this in the past?

Asthma

Definition:

A condition in which patients have difficulty breathing, which presents with 3 classic symptoms: wheezing, cough, and shortness of breath. These symptoms tend to come and go, and are often triggered by exercise, cold air, or certain environmental allergens.

Exercise induced asthma usually develops 5-15 minutes into prolonged exercise, and typically resolves after 30-60 minutes of rest. It should get better after using an inhaler, which helps to open up the airway so the child can breath more easily.

Treatment: Rest - cessation of activities that are causing the symptoms

Use of Inhaler - children with inhalers should know how/when to use them

If symptoms are not resolving with a period of rest, or if the child is continuing to have audible wheezing, fast respiratory rate, or any signs of distress call 911.

What to ask parents:

Does your child have an asthma action plan? If yes, ask for a copy of it.

How often do they use their rescue inhaler?

Are there specific triggers of which you should be aware?

Seizures

Definition:

Seizures are waves of abnormal electrical activity in the brain, that can make you pass out, or move or behave strangely. Most seizures last only a few seconds or minutes, and are followed by a period of sleepiness, call a “postictal period”.

People who have "tonic clonic" or "grand mal" seizures often get stiff and then have jerking movements. People who have other types of seizures have less dramatic changes. For instance, some people have shaking movements in just 1 arm or in a part of their face. Other people suddenly stop responding and stare for a few seconds.

People who have repeated seizures may be diagnosed with Epilepsy. However, isolated seizures can also be caused by:

- low blood sugar, as can occur in one who takes insulin for diabetes
- fainting
- anxiety
- certain severe infections

Treatment:

Try to keep the child from hurting him or herself:

Help the child onto the ground or other firm surface

If possible, position them lying on his or her side to help keep the airway clear

Do not try to stop the child's movements

Do not put anything inside the mouth, even if he or she is biting their tongue.

Watch the clock - seizures lasting longer than 5 minutes are an emergency, and it will be important to be able to tell medical providers how long it lasted. However, any seizure can be frightening for kids and coaches, and requires a medical evaluation. It is best to discuss how to manage this ahead of time in kids who have a known seizure disorder. Do not hesitate to call 911.

What to ask Parents:

How often does your child have seizures?

What should I do if your child has a seizure while at practice?

Type I Diabetes (T1D)

Definition:

Type 1 diabetes (T1D) is the inability of the body to produce insulin.

Insulin is a hormone produced in your pancreas that allows sugar in your blood (food or carbs) to be brought into the cells to be used as energy.

Without insulin you can't digest food for energy. Too much insulin in your body will cause a seizure and, if left untreated, can cause death. It is the balance between the sugar and the insulin in the blood that we strive for. We measure this by blood sugar.

Blood sugar is measured with a glucometer "checker". An optimal blood sugar at rest is generally between 80-120.

The most dangerous situation for a practice or a game is a low blood sugar (hypoglycemia) . An athlete will often feel "shaky" or "dizzy" and can be confused during this time.

A high blood sugar (hyperglycemia) prolonged over many hours can lead to a coma. An athlete may feel sick, bloated and/or lethargic.

Many athletes wear an insulin pump and there are different kinds that all help to administer insulin.

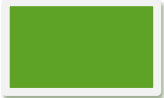
Treatment:

Most T1D student athletes and their parents are amazingly responsible. However, low blood sugars and high blood sugars occur to the most disciplined.

As a coach here are 3 things you can do to help a T1D athlete:

- a. Planning:
 - i. Make a plan with parents and T1D athletes on when to check a blood sugar at every practice and every game. Before practice, during water breaks and after practice generally makes sense. Have contact numbers for parents and T1D emergency responders.
- b. Have emergency items on hand:
 - i. Juice/Sugar tabs/Crackers/Frosting
 - ii. Glucometer (checker) and test strips
 - iii. Glucagon Injection (like an epi-pen - in case of a seizing T1D athlete this shot can save their life)
- c. Things that can affect blood sugar:
 - i. Exercise (can have different effects depending on the athlete)
 - ii. Cold (generally makes blood sugar go down)
 - iii. Adrenalin/Anxiety/Excitement (generally makes it go up)

Example* of T1D Athlete Playing Parameters



120-180 Good to go!



100-120 Have 2-3 crackers and then good to play.



80-100 Drink ½-1 box of juice and then good to play.

Under 80 – Don't play until above 80 – juice boxes etc.

Seizure – Glucagon pen

*This is just an example – parameters should be adjusted on a case by case basis!