

Severe Food Allergies in Children

What is a food allergy?

A food allergy occurs when the body mistakes a particular food as harmful. An allergic reaction is your body's immune system fighting back. The severe form of an allergic reaction is called anaphylaxis (anna-fill-axis). It can be life-threatening.

If you are not sure whether your child is at risk of a severe allergic reaction, ask your doctor. If your child has severe food allergies, ask your doctor to write an emergency plan that explains what to do in case of an allergic reaction. Children at risk for severe food allergy should see an allergist. Preschool children should see a pediatric allergist.

What are the symptoms?

Symptoms of a severe allergic reaction, or anaphylaxis, can vary and include **any** of the following:

- **Skin:** hives, swelling (including throat, tongue, lips or eyes), itching, warmth, redness, rash, pale skin or blue colour;
- **Breathing:** wheezing, trouble breathing, cough, change of voice, throat tightness or chest tightness;
- **Stomach:** vomiting, nausea, abdominal pain or diarrhea;
- **Other:** weak pulse, passing out, feeling faint, trouble swallowing, runny nose and itchy watery eyes, sneezing, anxiety or headache.

Symptoms can occur within minutes of eating or being exposed to the food, but they usually occur within two hours. It is less common for symptoms to occur hours later.

How is a severe allergic reaction treated?

A severe allergic reaction, or anaphylaxis, should be treated with a medication called epinephrine (eh-puh-NEH-fren). Epinephrine helps reverse the

symptoms of an allergic reaction and saves lives. Epinephrine comes in a pre-loaded syringe called an auto-injector. Epinephrine will not cause harm if given unnecessarily to a healthy person.

Children with severe food allergies must always carry epinephrine or keep it near them. Young children might need an adult to carry it, such as a family member or teacher.

Steps for treating a severe reaction or anaphylaxis:

1. Inject epinephrine right away into the muscle of the outer thigh;
2. Call 911;
3. Have the child lie down, unless they are throwing up or having trouble breathing;
4. Do not leave the child alone.

A second dose of epinephrine can be given 10-15 minutes after the first dose, or sooner if symptoms do not get better or return. Give the second dose in the outer thigh of the other leg.

Children should always be taken to the hospital following a severe allergic reaction.

What foods can cause a severe allergic reaction or anaphylaxis in children?

The most common foods that can cause a severe reaction or anaphylaxis include:

- Peanuts
- Milk
- Egg
- Tree nuts, for example almonds, cashews, hazelnuts or walnuts
- Fish and shellfish
- Sesame seeds
- Soy
- Wheat

What can I do to help avoid a reaction?

Children with food allergies must avoid even very small amounts of the food to which they are allergic. Actions you can take to lower the chance of a reaction include:

- Always read food labels and learn how to recognize allergens, which are the foods or substances that cause the allergic reaction.
- Do not give your child bulk or unlabelled foods.
- Try new foods at home where you can watch your child closely.
- Do not allow your child to share or trade food or utensils such as spoons, straws, cups or napkins.
- Serve food on a clean plate, napkin or wax paper instead of on a table or desk.
- Do not allow your child to eat if epinephrine is not handy.
- Clean tables and other objects.
- Wash your child's hands before and after eating.
- Teach your child not to put objects in their mouth such as pencils.
- Watch young children while they are eating.
- When away from home, your young child should only eat foods brought from home or approved by you.

What can I do to prepare my child for school or a child care setting?

Although the chance of an allergic reaction can not be eliminated, there are steps you can take to reduce the risk to your child.

- Ask for a copy of the school or child care anaphylaxis policy.
- Give the school or child care a copy of your child's emergency plan.
- Work with the staff to develop a plan for your child.
- Give written consent for all staff to give your child epinephrine for a severe allergic reaction or anaphylaxis.
- Give the school or child care an epinephrine auto-injector for your child. Ask to keep it in a secure, unlocked place that is easy to access. Provide a new one before the expiry date.
- Update the school or child care about your child's allergies at the beginning of each school year.

Preparing your child

When your child is ready, you can help prepare your child to manage their severe food allergy.

- Teach your child what to do to help avoid a reaction.
- Have your child wear a medical alert bracelet.
- Teach your child how to give himself or herself epinephrine and to carry the epinephrine auto-injector at all times, such as in a waist pack. It should **not** be kept in a school locker.
- Have your child tell his or her friends about the allergies, where the epinephrine auto-injector is kept, and know how to use it.

For more information

- See www.allergysafecommunities.ca/ for information about managing anaphylaxis
- Canadian Food Inspection Agency: Visit the website at www.inspection.gc.ca/english/fssa/labeti/allerg/allerge.shtml
- Allergy/Asthma Information Association: Visit www.aaia.ca or call 1-877-500-2242
- Call Dial-a-Dietitian at 604-732-9191 or 1-800-667-3438 to speak with a registered dietitian about food allergies, or visit www.dialadietitian.org/



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