

## **FOOD ALLERGIES IN CHILDREN**

### **What is a food allergy?**

An allergy happens when a person's immune system reacts to a substance that is eaten (an allergen) by releasing a chemical (histamine) in the body. The histamine is what causes bothersome symptoms (like an itchy mouth or throat, hives, diarrhea, cramps or nausea) or sometimes dangerous ones (like swelling of the face or tongue, or trouble breathing). This reaction can happen suddenly or within two hours after eating a food allergen.

### **What are the most common food allergies?**

The most common are allergies to peanuts, fish, milk, soy, wheat, tree nuts (for example walnuts, almonds, pecans), eggs, shellfish and mustard.

### **How will I know if my child has a food allergy?**

Most often your child will have been exposed to a food more than once before you know he/she is allergic. If your child develops allergic symptoms (outlined above) after eating a particular food, a food allergy may be a possible – though not the only – explanation.

### **Can food allergies be prevented?**

In the past, parents were told to delay the introduction of food until after their child had turned six months of age to prevent a food allergy. This advice has now changed – the introduction of food should not be delayed even in children who have a parent or sibling with an allergy. In fact, the early introduction of food, like peanuts, can help to prevent an allergy. Keep in mind that, once you offer these foods to your child, it is important to continue offering them on a regular basis.

**Note:** You should never give honey to a child under age one. This is not related to food allergy but to the possibility that young child can get a bacteria (botulism) from the honey.

Avoiding foods, such as milk, egg or peanuts, during pregnancy or breastfeeding will NOT prevent your child from getting food allergies. Furthermore, there is no evidence that a soy-based formula will prevent allergies.

### **Do children outgrow food allergies?**

Some do, especially those with allergies to milk and eggs. Children with other food allergies, to peanut or other tree nuts and fish for example, may never outgrow them.

### **When should I take my child to the doctor?**

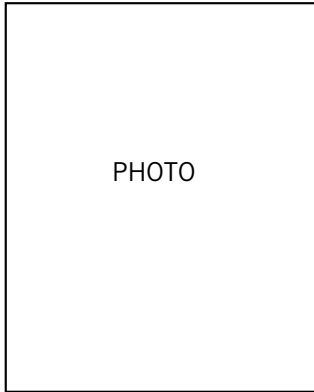
If your child appears to have a reaction to a certain food, pay a visit to your family doctor who will ask questions about the reaction and if your child or your family have experienced allergies before. This will determine whether your child needs blood tests or a referral to an allergist for further testing and diagnosis.

**Sources:** **1)** Food allergy vs. food intolerance: What is the difference and can I prevent them? Canadian Pediatric Society. <http://www.caringforkids.cps.ca> ; **2)** Government of Canada. Food Allergies. 2015 <https://www.canada.ca/en/health-canada/services/food-allergies-intolerances/food-allergies.html> ; **3)** HealthLink BC. Food Allergies. 2018 <https://www.healthlinkbc.ca/health-topics/te7016>



# Anaphylaxis Emergency Plan: \_\_\_\_\_ (name)

**This person has a potentially life-threatening allergy (anaphylaxis) to:**



(Check the appropriate boxes.)

Food(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Insect stings

Other: \_\_\_\_\_

**Epinephrine Auto-Injector:** Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

**Dosage:**

EpiPen® Jr. 0.15 mg     EpiPen® 0.30 mg

**Location of Auto-Injector(s):** \_\_\_\_\_

**Previous anaphylactic reaction:** Person is at greater risk.

**Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

**A person having an anaphylactic reaction might have ANY of these signs and symptoms:**

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

*Early recognition of symptoms and immediate treatment could save a person's life.*

**Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.**

1. **Give epinephrine auto-injector** (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

**Emergency Contact Information**

Name	Relationship	Home Phone	Work Phone	Cell Phone

*The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.*

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature  On file

\_\_\_\_\_  
Date



August 2016

