

Caregiver's Guide:

Caring for Children With Food Allergies

Food Allergy Research & Education
(FARE)





Food Allergy is a Growing Public Health Issue

15 million

Americans with food allergies



Food Allergy is a Growing Public Health Issue

Includes

5.9 million children (1 in 13)





Putting It Into Perspective

- If the food allergy community were a state, it would be the 5th largest state in the U.S. by population.
- The number of people with food allergies in the U.S. is greater than the entire populations of New York City, Los Angeles and Chicago combined.





Food Allergy is on the Rise

- According to a 2013 report by the Centers for Disease Control and Prevention, there has been an **50% increase** in food allergy among children between 1997 and 2011.
- In addition, more than **30 percent** of children with a food allergy (almost 1 in 3) have multiple food allergies.





What is a food allergy?

- The role of the immune system is to protect the body from germs and disease.
- A food allergy is an overreaction by the immune system to a food protein.
- When the food is eaten, the immune system thinks the food is harmful and releases histamine and other chemicals to “attack” the enemy.



A Food Allergy is NOT:

- A food intolerance (e.g. lactose intolerance)
 - An intolerance is when your body has trouble digesting a food. It can make you feel badly, usually with an upset stomach, but it is not life-threatening. The most common intolerance is to lactose—which is a natural sugar found in milk.
- A dislike of food or particular foods



Common Food Allergens

- A person can be allergic to any food.
- In the U.S., eight food allergens account for the majority of all food allergy reactions:
 - Milk
 - Egg
 - Peanut
 - Tree nut (e.g., walnuts, pecans)
 - Wheat
 - Soy
 - Fish
 - Shellfish (e.g., lobster, shrimp, crab)



Anaphylaxis

- Potentially life-threatening allergic reaction.
- Anaphylaxis often begins within minutes after a person eats a problem food. Less commonly, symptoms may begin hours later.
- Food allergy is the leading cause of anaphylaxis outside of the hospital setting.
- Other causes include insect bite/sting, medication, latex and exercise.



Epinephrine

- Epinephrine is the only medication that can reverse the symptoms of anaphylaxis.
- Antihistamines should not be used to treat anaphylaxis.
- Prompt administration of epinephrine is critical.
- Epinephrine is prescribed as an auto-injector device.
- Epinephrine is a safe drug, with the risks of anaphylaxis outweighing any risks of administering the medication.





Epinephrine Auto-Injectors

EpiPen®



Auvi-Q™



Adrenaclick®





Food Allergy Reactions

- Trace amounts of an allergen can trigger a reaction.
- Past reactions do not predict future reactions.
- Review Food Allergy & Anaphylaxis Emergency Care Plan on a regular basis so you are prepared in case of a reaction.



Food Allergy & Anaphylaxis Emergency Care Plan

- Post a signed copy of this plan on your refrigerator or in a spot by the phone.
- This plan is available at www.foodallergy.org/FAAP

FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN
Food Allergy Research & Education

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____

THEREFORE:

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS

 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/ swallowing	 MOUTH Significant swelling of the tongue and/or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**

2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/ discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____ PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____ DATE _____

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Food Allergies Are Potentially Life-Threatening

- A food allergy reaction sends someone to the emergency room every 3 minutes, resulting in 210,000 visits each year.
- 40% of children with food allergies have experienced a severe or life-threatening reaction.
- Food allergy is the leading cause of anaphylaxis outside the hospital setting.





Food Allergy Reactions - Severe

- Anaphylaxis is a severe allergic reaction that is rapid in onset and may cause death.
- Inject epinephrine immediately and call 911 (See individual Food Allergy & Anaphylaxis Emergency Care Plan)
- Go to the emergency room after treating with epinephrine. A biphasic reaction (in which symptoms disappear and recur without further ingestion of the food that caused the initial reaction) can occur hours after the initial reaction.
- Anaphylaxis often begins within minutes after a person eats a problem food. Symptoms can also begin hours later.



Food Allergy Reactions - Mild

- Localized reactions, such as localized hives caused by coming into contact with an allergen, may be treated with antihistamines (See individual Food Allergy & Anaphylaxis Emergency Care Plan)
- Antihistamines cannot reverse the symptoms of anaphylaxis, and should never be given as a substitute for epinephrine.



Possible Symptoms of a Reaction

Mild symptoms may include one or more of the following:

- **Nose:** Itchy/runny nose, sneezing
- **Mouth:** Itchy mouth
- **Skin:** A few hives, mild itch
- **Gut:** Mild nausea/discomfort

Severe symptoms may include one or more of the following:

- **Lung:** Short of breath, wheezing, repetitive cough
- **Heart:** Pale, blue, faint, weak pulse, dizzy
- **Throat:** Tight, hoarse, trouble breathing/swallowing
- **Mouth:** Significant swelling of the tongue and/or lips
- **Skin:** Many hives over body, widespread redness
- **Gut:** Repetitive vomiting, severe diarrhea
- **Other:** Feeling something bad is about to happen, anxiety, confusion



How a Child Might Describe a Reaction

"This food is too spicy."

"My tongue is hot [or burning]."

"It feels like something's poking my tongue."

"My tongue [or mouth] itches."

"It [my tongue] feels like there is hair on it."

"My mouth feels funny."

"There's something stuck in my throat."

"My tongue feels full [or heavy]."

"My lips feel tight."

"It feels like there are bugs in there." (to describe itchy ears)



Teens: A Special Consideration

- Teens are at a high risk:
 - Peer pressure to be “normal”
 - Eating foods that could cause a reaction
 - Not carrying medication
 - Going off alone
 - Not knowing what to do
 - Not recognizing signs/symptoms
 - Friends not knowing what to do
- Be sure to stay in close contact with teens and make sure they have their epinephrine.



Epinephrine Storage

- Store at room temperature.
- Avoid extreme heat or cold – don't refrigerate; don't leave in the car.
- Check for discoloration and expiration date periodically (auto-injectors should be replaced yearly).
- Should be quickly accessible by anyone responsible for handling an emergency.



Labels

- The child's parents should instruct you on what meals or snacks are approved for their child.
- Understanding food labeling is an important skill to have if you are a regular caregiver for a child with food allergies.
- Read every label, every time – ingredients can change without warning
- Go to www.foodallergy.org/food-labels to learn more and download a “How to Read a Label” sheet



Cross-Contact

- Cross-contact occurs when one food comes into contact with another and their proteins mix. As a result, each food then contains small amounts of the other food that are often invisible to us.
 - Example: Using the same spatula that flipped a cheeseburger to flip a hamburger can transfer milk proteins on to the hamburger meat.
 - Wash utensils thoroughly in hot, soapy water before preparing allergy-safe foods.



Your Role

- The child's parents should feel that you are informed and can be trusted to provide care
- While accidents can happen, it is imperative that you learn as much as you can about the child's food allergies and are prepared in case of a reaction
- Keep in mind that food allergies can also take an emotional toll on children. They will need your support if they are feeling anxious or isolated.



Be Prepared

- Practice injection technique using an auto-injector trainer.
- Review Food Allergy & Anaphylaxis Emergency Care Plan frequently.
- You or the child should always carry epinephrine, if prescribed. If the child's parents indicate that the child can carry the medication, double-check they have it with them when leaving the house.
- It is strongly recommended to carry two auto-injectors in case a second epinephrine dose is needed.



Before the Child Arrives

- Make sure you have child's medication (epinephrine, antihistamine, etc.) unless parent is bringing them
 - Pantry – store safe foods together and consider using stickers or color-coding to indicate which foods are safe
 - Store allergen-containing foods out of the child's sight and reach or remove from the home.
 - Refrigerator – designate a shelf for allergy-free foods



Before the Child Arrives

- If the child with food allergies lives close by, have “safe” snacks handy in the event of an unplanned visit
- Modify recipes using safe substitutes
- Read all food labels; call the manufacturer with questions



Before the Child Arrives

- Clean countertops thoroughly with hot, soapy water, using a clean, disposable cloth before preparing allergy-free foods
- When preparing food, always use separate utensils
- Consider applying brightly colored stickers on safe food items
- Beware of non-food items that may contain allergens
- If you take the child on an “outing,” be aware of situations involving food (i.e., food samples, animal feed at petting zoos)



Other Ways You Can Help

- Promote food allergy awareness
- Join a local support group
- Participate in a FARE Walk for Food Allergy in your area
- Become a member of FARE

Learn More and Get Involved!

www.foodallergy.org
(800) 949-4040

Disclaimer: The information provided in this presentation is designed to support, not replace, the relationship that exists between a patient and his/her existing physician. Patients are urged to contact a doctor for specific information regarding guidelines for care.

