

# ALLERGY CONSULTANTS

Adult and Pediatric Allergy

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## CHILDREN AND FOOD ALLERGIES

Although food allergy reactions can be very scary, proper education, precautions and advanced planning will empower you to better protect your child and help prevent future serious allergic reactions.

We will review your child's tests, but by reading the following information, you will better understand about food allergies and **anaphylaxis** (a potential life threatening allergic reaction).

You will be provided with a written FOOD ALLERGY ACTION PLAN and an explanation which will tell you specifically when and how to use injectable epinephrine, also known as Epi Pen or Epi Pen Jr.

You should review this PLAN with relatives, babysitters, teachers and school nurses as well as the technique for using Epi Pen.

**REMEMBER: PAST REACTIONS DO NOT PREDICT HOW SEVERE THE NEXT REACTION MIGHT BE!!** Just because a child seemed to get better quickly with a dose of Benadryl, this CANNOT be counted on to occur next time.

There are several KEY POINTS that need to be fully understood and have changed the way experts now approach food allergy patients since new Food Allergy Guidelines were published in the fall of 2010. Not all Emergency physicians or ambulance EMTs, doctors or nurses are yet aware of these changes in the updated Guidelines.

1. If there has been a suspected **INGESTION** of a food to which your child is allergic and any body-wide (systemic) symptoms occur, Epi Pen or Epi Pen Jr should be given immediately without hesitation and then you should call 9-1-1!
2. **Benadryl is no longer recommended** for allergic reactions due to food allergy **INGESTIONS** as it does NOT stop anaphylaxis (a potentially life threatening and rapidly progressive body-wide reaction).
3. Benadryl may help a rash from a **skin contact** to a food allergen, but it takes 30 to 60 minutes to begin working. Always wash off any area on the skin where a food allergen has contacted.
4. There is **NO HARM** in giving an Epi Pen or Epi Pen Jr for a suspected food allergy reaction. Fast heart beat and shakiness are major side effects for about 15 to 20 minutes, but failure to administer epinephrine injections or a delay has resulted in fatalities.
5. You must have your child firmly in your grip or pinned down carefully when administering Epi Pen/Jr in order to keep the injection in place in the side of his/her leg for 5 to 10 seconds in order to absorb the best dose. Your child will naturally try to get away from the pain of the injection. The Epi Pen/Jr will have some medicine still in the vial even after administration.
6. When EMTs arrive, always insist on being transported to the E.R. Stay at the E.R. a **minimum of 4 hours for observation** even if they attempt to reassure you he/she is fine and you can go home. Some patients just stay in the waiting room for the remainder of the 4 hours from the time of the reaction. The reason for waiting is that some patients improve at first and then have a relapse of the reaction called a "biphasic" reaction. Most experts agree that 4 hours of observation is reasonable, although there is no guarantee of a "biphasic" reaction later than 4 hours.

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7. The Expert Panel for the New Guidelines now suggests that ALL patients have **TWO** Epi Pen/Jrs everywhere the child is at all times. So, you will be provided with a prescription for TWO Epi Pen/Jrs "Two packs" which contains two injectable pens each and a demonstration device to practice on yourself and others. There are two reasons why two Epi Pens are necessary: 1) because if the child is getting worse despite the first injection while waiting for the EMTs to arrive, a second dose should be administered within 5 to 15 minutes and 2) any mechanical device could malfunction, so a second dose should always be available.
8. The Food Allergy and Anaphylaxis Network ([www.faan.org](http://www.faan.org)) is one of the best organizations for further education and support. Their information sheet on "How to read food labels" will be given to you today. Another excellent organization to check out is the Allergy and Asthma Network/Mothers of Asthmatics ([www.aanma.org](http://www.aanma.org)).

## TREE NUT ALLERGY

1. If your child is allergic to even one of the "tree nuts," it is safest to avoid ALL tree nuts. This is mostly due to the fact that tree nut packaging plants' conveyor belts cross-contaminate making other tree nuts unsafe, too.
2. Although there has been some controversy for patients with tree nut allergy as to whether or not to avoid coconut, many experts suggest avoiding it as well. Yes, technically, it is the "fruit of the palm tree."
3. Tree nut allergy is not commonly "outgrown", but could be re-tested in our office in a few years to check on this.

## PEANUT ALLERGY

1. Peanut allergy is probably the most serious of the food allergies in children in general. Any home in which the patient spends time should ideally be "PEANUT FREE", so that the child can not climb up and get to it accidentally.
2. Sunbutter (made from sunflower seeds, available in many groceries now) can be a substitute for other siblings or for peanut allergic children if you are careful to make sure they understand the difference between the Sunbutter YOU give them vs. the look alike, true peanut butter.
3. There is an epidemic of peanut allergy in the U.S. in the last decade and NO ONE knows the reason(s) for this. Although, peanut allergy does not commonly occur in the family history, a family history of allergies or asthma in parents is common.
4. Peanut allergies are not commonly outgrown (approximately 15 to 20 % of patients). Re-testing in our office in a year or two may be done.
5. Although peanut is in the "legume family," it is uncommon for children in the U.S. to be allergic to other legumes such as peas, soy or beans.
6. For those children with peanut allergy, the Food Allergy and Anaphylaxis Network has stated that their experts feel that it would be very rare for a peanut allergic child to have a reaction to commercially available peanut oil, since it is 99.99% fat, and no significant protein. Protein is what causes allergic reactions, not fat. Some parents are more comfortable just avoiding peanut oil, however.

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## MILK AND EGG ALLERGY

1. For those children who are allergic to milk or eggs, we often hear from their parents that the child eats foods “baked” with one or more of these ingredients without any reaction. However, they can not drink cow’s milk directly or eat scrambled eggs. Diluting out the allergic protein or heating it for an extended time may make it safe for some, but not all patients. One must still be cautious when ingesting foods to which the patient is allergic. Discuss your individual case with your doctor.
2. Lactose free milk (Lactaid) is NOT safe for patients with milk allergy as it contains casein (cow’s milk protein).
3. Egg beaters or “egg substitutes” usually contain egg white protein (most commonly ovalbumin, the most allergic protein in eggs), but just not egg yolk for those with cholesterol problems. Avoid these substitutes.
4. Flu vaccines contain such a minimal amount of egg protein these days that it is rarely a reason not to get the flu shot. Ask your doctor if there is any question first.

## EPI PEN/JRs:

1. Practice using the Epi Pen demonstration device so that in an emergency, you will react quickly and with confidence. Make certain that teachers, sitters and grandparents practice it too and review the Food Allergy Action Plan.
2. Epi Pens should be stored at room temperature and NOT in a car where the temperature can get extremely hot or cold (and freeze the medication).
3. If you find that the medication looks cloudy, show your doctor and do not use it. It can be safely disposed of at your physician’s office as can expired Epi Pens.
4. Register your Epi Pen/Jrs at [www.myepipen.com](http://www.myepipen.com) and you will be notified when they are due to expire.