

Children's Allergy Clinic

# How to recognise and manage mild to moderate allergic reactions in children

Information for parents and carers



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## What is an allergic reaction?

An allergic reaction happens when the body's immune system over-reacts to contact with normally harmless substances. An allergic person's immune system treats certain substances as threats and releases substances such as histamines to defend the body against them. The release of histamine can cause the body to produce a range of mild to severe symptoms. An allergic response can develop after touching, swallowing, tasting, eating or breathing-in a particular substance.

# What can cause allergic reactions?

## **Foods**

For example:

- nuts (especially peanuts)
- fish and shellfish
- eggs and milk.

Most allergic reactions to food occur immediately after swallowing, although some can occur up to several hours afterwards.

Food allergies are more common in families who have other allergic conditions such as asthma, eczema and hay fever.

Rarely, people have an allergic reaction to fruit, vegetables and legumes. Legumes include pulses, beans, peas and lentils. Peanuts are also part of the legume family.

## **Insect stings**

- Reaction to an insect sting is immediate (within 30 minutes).

## **Natural rubber latex**

Some common sources of latex are:

- balloons
- rubber bands
- carpet backing
- furniture filling
- medical or dental items such as catheters, gloves, disposable items.

## **Medicines**

Medication rarely causes a severe allergic reaction in children.

## How to avoid contact with allergens

The most important way to manage a child at risk of allergic reactions is to **avoid the substances they are allergic to**. As soon as the child is able to understand and take part, it is important to involve them in avoiding the allergic substance.

### Food

When a food allergy has been identified, it is essential that the child does not eat even a tiny quantity of the food that they are allergic to (unless advised differently by the allergy clinic). An allergic reaction may also happen even if they touch that particular food.

A major problem with foods is accidental exposure to a particular food, especially peanuts, when it is a hidden or undisclosed ingredient. It is important to:

- Read all labels carefully even if the product has been eaten before. This is because manufacturers regularly change the ingredients they put in products.
- Be more careful when children are eating out, on holidays, on outings and at adult and children's parties. These are times when accidental ingestion may occur. **Always be alert!**
- Ask about ingredients in food when eating from restaurants, in-store bakeries and delicatessen counters. Foods are generally unlabelled in these places. Stress the seriousness of the allergic condition to the staff. Talk directly with the chef if necessary. If they cannot guarantee that a specific dish is safe, it is best to choose a dish which they can confirm is safe or eat elsewhere.
- Ask retailers and manufacturers for a product list of foods which are free from certain ingredients, such as peanuts, nuts, egg and milk.
- Dietitians can give advice about how to avoid particular foods and have very useful information leaflets.

## **Cross-contamination**

Cross-contamination is a risk for children with a food allergy. This happens when a food has unknowingly come in contact with the allergenic food. Here are some ways to reduce the risk of cross contamination:

- Take extra care when preparing food so contaminated cutlery, crockery, or work surfaces do not come into contact with the child's 'safe' food. Use clean utensils and wipe down surfaces with hot soapy water.
- Keep the allergenic food safely out of reach.
- If you have been eating the allergenic food, wash your hands and rinse your mouth well before touching or kissing your child.

## **Insect stings**

Here are some steps to help prevent putting your child at risk from getting stung:

- Avoid dressing your child in shiny or brightly coloured clothing.
- Ensure your child wears shoes when outside.
- Avoid eating food outside.
- Avoid drinks in cans when there are wasps around. Boxed drinks with straws may be safer.
- When outside, avoid open rubbish bins and keep food covered.
- Use insect repellents.

## **Latex**

A severe allergic reaction is most likely to occur when latex has come into contact with mucous membranes (such as the mouth, eyes or ears) or directly with tissue (during surgery). It is important to:

- Warn doctors, dentists, paramedical staff and hairdressers that your child is allergic to latex.
- Be aware of all substances that may contain latex (see separate leaflet on latex allergy).

## **Medicines**

- Make sure that you know all the names of the medicines that your child is allergic to as medicines sometimes have more than one name.
- Always check any medicines prescribed for your child either by your GP or in hospital.

## Signs and symptoms

Despite avoiding the substances that can cause allergic responses, accidents do happen. In an allergic reaction, any of the following symptoms may occur in any order and they may quickly progress from mild to severe. Your child may only have had mild symptoms, but it is important to be aware of the severe ones too.

### **Mild/moderate symptoms**

- tingling, itching or burning sensation in the mouth (an useful initial warning that child has eaten food they are allergic to)
- rapid development of nettle rash/wheals/hives (urticaria)
- intense itching
- swelling, particularly of the face
- feeling hot or very chilled
- rising anxiety/feeling scared
- pale or flushed
- abdominal (tummy) pain
- nausea and/or vomiting.

## **Severe (known as anaphylaxis)**

- Difficulty in breathing. Either noisy or unusual wheezy breathing, hoarseness, croupy or choking cough. Breathing difficulties are due to swelling inside the throat and airway.
- Decreased level of consciousness, faint, floppy, very pale, blue lips, unresponsive. This is due to a drop in blood pressure.
- Collapse.

Milder reactions are much more common. Anaphylaxis, the most severe type of allergic reaction, is uncommon. It can be life threatening but is very rarely fatal in children.

Most reactions occur quickly after ingestion or contact with the allergen, but some can occur up to a few hours later. There can also be a second phase of the reaction when symptoms reoccur. It is important to keep an eye on your child for about 6-8 hours following the first reaction.

## Action plan

- Always have antihistamine available to your child.
- If they are over 12 years old they should carry antihistamine with them wherever they go.

## **Mild/moderate symptoms**

1. The child/young person should be watched carefully and given some oral antihistamine such as chlorphenamine (Piriton) or cetirizine (Piriteze or Zirtek), depending on the age of the child. Cetirizine is recommended for children over 1 year old, as it is a non-sedating antihistamine, which is longer acting and does not usually cause drowsiness. These antihistamines can be in syrup or tablet form. If your child can easily swallow tablets then it may be good to swap to these, as they are easier to carry.
2. It is important to stay with the child and continue to monitor the allergic reaction to make sure it is getting better, not worse.

## **Severe symptoms**

It is highly unlikely that severe symptoms will occur based on your child's allergy history and test results.

If, on a rare occasion, severe symptoms occur, please follow these guidelines:

1. Stay with the child – do not leave them alone.
2. If the symptoms do become severe, you need to dial 999 and ask for an ambulance with a paramedic crew.
3. If your child is having breathing difficulties, keep them sitting, supported upright. Treat any wheeziness with your child's inhaler (if they have been prescribed one), such as salbutamol (Ventolin). If you have not done so already, call 999 and ask for an ambulance.
4. If they appear to be fainting then lie them flat with their legs raised. If your child completely loses consciousness, then they should be laid down on their side.
5. Stay with your child, keeping them calm and comforted until help arrives.

## **Adrenaline**

Children who have had a previous severe reaction or who have problematic asthma are usually given adrenaline to carry with them to treat a severe allergic reaction. The best and easiest way to carry this is as a pre filled injectable syringe known as Epipen, JEXT or Emerade. Your child does not need adrenaline at present.

If your child develops asthma or has a severe reaction, please contact the allergy clinic or your GP. Your child's allergy management and the need for adrenaline will then be reviewed.



## Nurseries, child-minders, schools/activity groups

Please tell your child's carers about the allergy and what they need to avoid. You will also need to have some antihistamines available to administer in case of an allergic reaction. All medication for nurseries and schools, etc. will require printed labels from the pharmacist with the individual child's name and dose.

You may like to discuss your child's allergy with the health visitor or school nurse. They can give you advice and can give training to the nursery and school staff if necessary.

You may like to give the pull-out action plan to carers to remind them how to treat your child if they have an allergic reaction.

## How to contact us

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Tel: 01865 231 994

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Churchill Hospital

Tel: 01865 228 224

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Consultant paediatrician with interest in allergy

Horton General Hospital

Tel: 01295 229 012

## Further information

### **British Society for Allergy and Clinical Immunology (BSACI)**

Tel: 0207 501 3910

[www.bsaci.org](http://www.bsaci.org)

### **The Anaphylaxis Campaign**

Helpline: 01252 542 029

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

### **Allergy UK**

Helpline: 01322 619 898

[www.allergyuk.org](http://www.allergyuk.org)

### **Asthma Uk**

Tel: 020 7786 4900 Helpline: 0800 121 6244

[www.asthma.org.uk](http://www.asthma.org.uk)

### **National Eczema Society**

Tel: 020 7281 3553 Helpline: 0800 089 1122

(Monday to Friday 8am to 8pm)

[www.eczema.org](http://www.eczema.org)

### **BAD British Association of Dermatologists**

Tel: 020 7383 0266

[www.bad.org.uk](http://www.bad.org.uk)

If you have a specific requirement, need an interpreter,  
a document in Easy Read, another language, large print,  
Braille or audio version, please call **01865 221 473**  
or email **PALSJR@ouh.nhs.uk**

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# Mild to moderate allergic reaction

## Action Plan

(Pull out and keep)

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a document in Easy Read, another language, large print,  
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## Mild to moderate allergic reaction Action Plan

Name: ..... D.O.B. ....

Known allergies:

Contact parents/guardian: .....

Contact GP: .....

### Mild or moderate symptoms

Tingling, itching or burning sensation in the mouth

Rapid development of nettle rash/ wheals/hives (urticaria)

Intense itching

Swelling, particularly of the face

Feeling hot or very chilled

Rising anxiety/feeling scared

Pale or flushed

Abdominal (tummy) pain

Nausea and/or vomiting

### Take action!

1. Give antihistamines.

2. Watch VERY carefully for any worsening or progression of symptoms, particularly if there is mild wheeziness.

3. Also be aware of a possible second phase of symptoms several hours later.

### Severe symptoms

**Difficulty in breathing** – either hoarseness, noisy or wheezy breathing or croupy or choking cough.

**Decreased level of consciousness**, faint, floppy, very pale, blue lips, unresponsive.

### Collapse

### Take action!

1. Do not leave the young person alone and encourage them **NOT** to stand up or walk around. Treat any wheeziness with your child's inhaler (if they have been prescribed one), such as salbutamol (Ventolin).

2. Phone 999 – find a responsible person to phone for ambulance stating you have a child with anaphylaxis.

3. If the child has a decreased level of consciousness, place them on their side in a comfortable position. If they have breathing difficulties, a supported sitting position will be better. Give repeated reassurance.

4. Place child in recovery position if unconscious. Attempt resuscitation if necessary.

**Note that severe symptoms are rare but can be life-threatening so take action and don't delay!**

### Parents take note!

If a severe reaction occurs, it is important to review your child's allergy management. Please go and see your child's GP for a referral to the allergy clinic.