

Allergy Advice for Parents

Information for parents

What is allergy?

Allergy occurs when the body's immune system reacts immediately to substances in the environment that are harmless to most people. These substances are called allergens and examples include - peanuts, tree nuts, egg, milk, pollen and some medications. When a person comes into contact with an allergen it can cause mild to severe reactions.

There are 2 different types of allergic reaction, one happens very quickly after being in contact with the allergen (an IgE allergy); the other (a non-IgE allergy) can take 24 – 72 hours to develop. Both types of allergy are treated differently. **This information is for immediate (IgE) allergic reactions**.

How is allergy treated?

The best treatment is avoidance of the allergen. However if reactions do occur, most can be managed with medications called antihistamines. These help to reduce the effects of allergy, such as itchy skin, blotchy rash, swelling of lips, eyes and face. Severe reactions which can cause problems with the airway, breathing or cause a person to feel faint will require treatment with a medication called adrenaline.

How will I know if my child is having an allergic reaction?

Symptoms usually occur soon after your child has been in contact with the allergen.

Symptoms of a mild-moderate reaction:

- Itchy skin, blotchy rash (nettle-like)
- Tingling, burning sensation in the mouth/throat/lips
- Swelling of the face, lips and/or eyes
- Vomiting
- Mild wheeze if asthmatic.

Symptoms of a severe reaction:

- Swelling of the tongue
- Hoarse voice
- Difficulty breathing/wheeze/coughing
- Dizziness
- Confusion
- Restlessness
- Pallor (pale) and floppiness in an infant
- Loss of consciousness.

What should I do if my child has an allergic reaction?

Mild reaction

- 1. Remove your child from the allergen
- 2. Give antihistamine medication and note the time
- 3. Reassure your child and observe for improvement or deterioration of the symptoms
- 4. If your child vomits within 30 minutes of being given the antihistamine, repeat with the same dose
- 5. If your child develops any of the severe symptoms see the list below administer the adrenaline device, if you have one
- 6. Seek medical advice if you are concerned.

Severe reaction

- 1. Lie your child flat with legs raised. If breathing is difficult allow your child to sit upright
- 2. Administer adrenaline auto- injector device, if your child has one
- 3. Remove your child from the allergen if possible
- 4. Dial 999 for an ambulance stating that your child is having a severe allergic reaction
- 5. Administer allergy medications you may have been given, such as antihistamine medication or a blue inhaler if your child has one and sounds wheezy
- 6. If no improvement after 5 minutes, give the second adrenaline device.

Will my child be referred to the hospital?

Some children/young people with mild allergies can be managed by your own GP, who can monitor allergies and prescribe medications if required.

If your child is referred to the hospital they will be seen either in the Allergy clinic, General Paediatric clinic or the Dietetic clinic.

What will happen if I come to the clinic?

Your child will be seen by a doctor, specialist nurse or a dietitian who is experienced in managing patients with allergy.

You will be asked questions about your child's allergy and general health, as well as other questions relating to family members' health and the child's feeding/diet, activities/lifestyle. This is important information which helps to determine if allergy testing is required.

If allergy testing is required, we aim to do this on the same day as your appointment, however this is not always possible and you may be asked to return at a later date for this.

What does allergy testing involve?

The most common type of allergy testing is called skin prick testing (sometimes called a scratch test). During a skin prick test, small drops of liquid are placed on your child's forearm. This contains the suspected allergen i.e. the food or substance that has been associated with the allergic reaction, such as peanut, egg. A tiny prick is then made in the skin through each drop to see if a reaction happens. After around 15 minutes these areas are examined for the presence of raised bumps (wheals), which are measured and recorded. A treatment plan will then be made based on these results and on the questions you will have been asked earlier in the consultation.

If your child takes antihistamine medication it is important that this is stopped for 5 days before the clinic appointment date, as this medication can interfere with allergy tests.

If your child uses an asthma inhaler and spacer device, we ask that you please bring these to the clinic appointment.

Blood tests are sometimes used to help with the diagnosis of immediate type IgE allergy, but they are not carried out routinely.

What should I do to reduce the risk of further allergic reactions?

- 1. We advise that you avoid giving foods/being in contact with substances that appear to be associated with your child having an allergic reaction
- 2. Some children can react to allergens without actually eating the specific food or touching it. You may need to be aware of this when going into cafes, restaurants or other people's homes. If you or a family member has been eating food that the child has an allergy to, you are advised to wash your hands and face to remove any trace of the product before having any contact with the child
- 3. Check ingredient labels on all foods. A certain number of the common allergens are printed in bold by law on ingredient lists to help people identify foods they need to avoid. Note that this is not always the case in foods that have been imported from other countries. Ingredients do change, so it is important to check every time
- 4. Food that is not pre-packed is at risk of cross contamination e.g. buffet, salad bar, delicatessen, bakery, so it is best to avoid these
- 5. Tell others about your child's allergies so that people know the foods that can and cannot be eaten. Call venues in advance if eating out.
- 6. Carry your child's rescue medication with you at all times and give a supply to your child's nursery/school, so that it can be given in the event of accidental exposure to the allergen(s).

USEFUL WEBSITES:

ALLERGY

Allergy UK – <u>www.allergyuk.org</u>

Anaphylaxis Campaign – www.anaphylaxis.org.uk

Anaphylaxis Campaign You Tube Videos

British Association of Allergy and Clinical Immunology – www.bsaci.org

Children and Young People's Allergy Network Scotland - www.cyans.org.uk

British Dietetic Association - www.bda.uk.com

Food Standards Scotland – www.foodstandardsscotland.gov.uk

Action Against Allergy - www.actionagainstallergy.org

Allergy Adventures (recipe ideas and allergen alternatives) – www.allergyadventures.com

ADRENALINE AUTOINJECTORS

Epipen – www.epipen.co.uk

Jext – <u>www.jext.co.uk</u>

Emerade – <u>www.emerade.com</u>

OTHER

Eczema Society - www.eczema.org

Eczema Outreach Scotland – www.eos.org.uk

WHAT TO DO IF YOUR CHILD HAS AN ALLERGIC REACTION

MILD - MODERATE REACTION

- 1. Itchy skin, blotchy rash (nettle-like)
- 2. Tingling, burning sensation in the mouth/throat/lips
- 3. Swelling of face, lips and/or eyes
- 4. Vomiting, abdominal pain

ACTION:

- 1. GIVE ANTIHISTAMINEdosemls
- 2. IF YOUR CHILD VOMITS WITHIN 30 MINUTES REPEAT THE SAME DOSE
- 3. OBSERVE FOR SIGNS OF A SEVERE REACTION see below

SEVERE REACTION:

Your child may show any or all of the following symptoms:

- 1. Swelling of tongue
- 2. Hoarse voice
- 3. Difficulty breathing/wheeze
- 4. Dizziness
- 5. Confusion
- 6. Restlessness
- 7. Pale and floppiness
- 8. Loss of consciousness

ACTION:

- 1. LIE YOUR CHILD DOWN IF DROWSY, SIT CHILD UPRIGHT IF BREATHING IS DIFFICULT
- 2. GIVE THE ADRENALINE DEVICE IF YOU HAVE ONE
- 3. DIAL 999 FOR AMBULANCE AND STATE THAT YOUR CHILD IS HAVING A SEVERE ALLERGIC REACTION
- 4. IF NO EFFECT AFTER 5 MINUTES GIVE THE SECOND ADRENALINE DEVICE
- 5. IF YOU DO NOT HAVE AN ADRENALINE DEVICE GIVE ANTIHISTAMINE MEDICATION

