Your Guide to Managing YOUR CHILD’S FOOD ALLERGIES
ONE IN 13 KIDS has a food allergy.

Did your child receive a diagnosis following a severe allergic reaction? Or, did a doctor diagnose your child after months of unexplainable tummy problems, rashes or formula switches? Either way, we know the adjustment to living with food allergies can be overwhelming. We are here to help as you begin your food allergy journey.

This guide introduces you to the basics you need after you leave the doctor’s office. For more details, visit KidsWithFoodAllergies.org. Our website has information on:

- How to read labels
- Finding recipes
- Serving safe food
- School planning and other activities
- Preventing and treating allergic reactions

Kids With Food Allergies offers support as well as education. Our award-winning online support community and our national network of local support groups will connect you with others so you do not have to go through this alone.

JOIN AT COMMUNITY.KIDSWITHFOODALLERGIES.ORG
WHAT IS A FOOD ALLERGY?

If your child has symptoms after eating certain foods, he or she may have a food allergy.

A food allergy occurs when the body’s immune system sees a certain food as harmful and reacts by causing one or more symptoms. This is known as an allergic reaction. Foods that cause allergic reactions are called allergens. Even a tiny amount of an allergen can cause a reaction. Allergic reactions usually occur after your child eats a food that she or he is allergic to.

COMMON FOOD ALLERGENS

Foods that cause the most food allergic reactions in the United States are:

- Eggs
- Peanuts
- Soy
- Wheat
- Milk
- Tree nuts (like walnuts, cashews, almonds)
- Shellfish (like shrimp, crab and lobster)
- Fish

The most common food allergies in infants and children are eggs, milk, peanuts, tree nuts, soy and wheat.

Children may outgrow some allergies (egg, milk and soy) but may be less likely to outgrow others (peanut, tree nuts, fish and shellfish).

DIAGNOSING A FOOD ALLERGY

Your child’s doctor will diagnose food allergy based upon your child’s symptoms, medical history, physical examination and test results. The doctor may recommend your child see a board-certified pediatric allergist for more diagnosis and treatment.

Physical Examination  Skin Prick Test  Blood Test  Oral Food Challenge
Each reaction can be different from the others. Sometimes allergy symptoms are mild. Other times, symptoms can be severe and result in a serious allergic reaction called anaphylaxis (ana-fih-LACK-sis). Anaphylaxis is an allergic emergency that can be life-threatening. An allergic reaction to a food can involve one or more systems of the body, such as skin, mouth, eyes, lungs, heart and gut.

**Some symptoms of an allergic reaction include:**

- Skin rashes and itching and hives
- Swelling of the lips, tongue or throat
- Shortness of breath, trouble breathing, wheezing (whistling sound during breathing)
- Dizziness and/or fainting
- Stomach pain, vomiting and diarrhea
- Feeling like something awful is about to happen

Your child’s doctor will give you a complete list of possible symptoms. This list of symptoms is also on your written food allergy emergency care plan.

**DIFFERENT TYPES of food allergies**

There are two categories of food allergies.

1. **Immunoglobulin E (IgE) Mediated:** The body’s immune system makes antibodies called IgE antibodies. These IgE antibodies react with a certain food and cause symptoms. The allergic reaction can involve the skin, mouth, eyes, lungs, heart and gut. Sometimes allergy symptoms are mild. Other times they can be severe.

   **Cross-Reactivity:** Having an IgE mediated allergy to one food can mean your child is allergic to similar foods. This happens when proteins in one food are similar to the proteins in another food.

2. **Non-IgE Mediated:** Other parts of the body’s immune system react to a certain food. This reaction causes symptoms, but does not involve an IgE antibody. Most symptoms of non-IgE mediated food allergies involve the digestive tract.

   **Eosinophilic Esophagitis (EoE):** An allergy to a food can cause an inflamed esophagus. The esophagus is a tube from the throat to the stomach. With EoE, swallowing food can be hard and painful.

   **Food Protein-Induced Enterocolitis Syndrome (FPIES):** This affects young infants. Symptoms include vomiting, which starts about 2 hours or later after eating the food causing the condition. This condition can also cause diarrhea during a reaction.

   **Allergic Proctocolitis:** An allergy to formula or breast milk inflames the lower part of the intestine. It affects infants in their first year of life and usually ends by age 1.
ANAPHYLAXIS: severe allergic reactions

BE PREPARED FOR ANAPHYLAXIS

Work with your child’s health care team on how to recognize the signs and symptoms of anaphylaxis and how to treat it.

- Have a written food allergy emergency care plan. Your child’s doctor will give you this step-by-step plan on what to do in an emergency.

- Learn how to give your child epinephrine. It’s the medicine of choice to treat an allergic reaction or anaphylaxis.

- Epinephrine is safe and comes in an easy-to-use device called an auto-injector. It injects a single dose of medicine when you press it against your child’s outer thigh.

- Always have two epinephrine auto-injectors near your child.

- Teach people who spend time with your child how to use the auto-injector device.

- Have your child wear a medical alert bracelet to let others know of the allergy.

AFTER ANAPHYLAXIS

Sometimes, a reaction is followed by a second, more severe, reaction known as a biphasic reaction. This second reaction can occur within 4 to 8 hours of the first reaction or even later. That’s why people should be watched in the emergency room for several hours after anaphylaxis.

Make an appointment with an allergist to further diagnose and treat the allergy.

KNOW HOW to treat anaphylaxis

1. Follow the steps in your child’s emergency care plan to give your child epinephrine right away. This can save your child’s life. Inject the epinephrine into the outer middle thigh.

2. After giving epinephrine, always call 911 or a local ambulance service. Tell them that your child is having a serious allergic reaction and may need more epinephrine.

3. Your child needs to be taken to a hospital by ambulance. Medical staff will watch your child closely for further reactions and treat him or her if needed.
COMING HOME with a new diagnosis

• Learn the “hidden” names of foods for the allergens you need to avoid.
• Label foods in your home as “safe” or “not safe.”
• Store safe and unsafe versions of similar items (like soy milk and cow’s milk) separately.
• Wash your hands with soap and water before handling safe food or after handling unsafe food.
• Prepare and serve allergy-safe food with separate, clean utensils and surfaces.
• Wash pans, utensils and dishes in hot, sudsy water before using them to prepare food.

Finding SAFE FOODS

After a food allergy diagnosis, you will need to learn how to bake, cook and shop differently.

• Plan plenty of time for your first trip to the grocery store and go without kids, if possible. Take a list of ingredients to avoid.
• Start with plain foods with simple ingredients. Then, look for new recipes that use the same ingredients in different ways.
• Read labels every time you buy a product. Print out KFA’s How to Read a Label cards available at kidswithfoodallergies.org.
• Kids With Food Allergies offers thousands of allergy-friendly recipes at kidswithfoodallergies.org/recipes.

REPLACEMENTS AND SUBSTITUTIONS

Milk and Dairy Products. Look for alternative milks, cheeses and yogurts. Check the KFA website often for updates on new products.

Eggs and Egg Products. Replace egg with commercial powdered egg replacers, fruit purees, flaxseed or a mix of oil, water and baking powder.

Wheat and Gluten. Look for wheat-free and gluten-free companies selling pastas, tortillas, flours and breads.

Soy. Look for alternative milks if you can’t have cow’s milk and soy. Replace whole soy beans (edamame) with other beans (fava, garbanzo).

Peanuts and Tree Nuts. Use beans, seeds and pretzels to replace peanuts and tree nuts in a recipe.
Managing food allergies OUTSIDE THE HOME

You can make your home a safe haven for your child, but what do you do when you leave home? With good communication and planning, your family does not have to let food allergies get in the way.

SCHOOLS AND DAYCARE

Meet with the staff before you decide to enroll your child. See our resources about:
- Setting up accommodation plans.
- Partnering with your school administration and school nurse/health staff.
- Managing emergency medicine at school.
- Setting up inclusive resources and more.

Visit KFA’s School Planning Zone on our website for more information on managing food allergies at school: kidswithfoodallergies.org/school.

PLAYDATES, ACTIVITIES, SPORTS AND MORE

- Consider hosting gatherings at your home first.
- Volunteer as a coach, Scout leader or helper if you can.
- Ask other parents if they are willing to learn how to use epinephrine auto-injectors and help your child avoid allergens.
- Suggest safer activities and snacks for your child.
- At parties, keep your child’s food separate and clearly labeled.

RESTAURANTS, TRAVEL AND FOOD OUTSIDE OF YOUR HOME

- Ask about ingredients in foods that other people make for your child.
- At restaurants, use a chef card and speak to the manager or chef before you order.
- Check ingredient labels every time. If there is no label, do not serve it.
- At parties, keep your child’s food separate and clearly labeled.
- Avoid mixing or dropping allergens into your child’s safe foods by mistake.

BABYSITTERS AND CAREGIVERS

- Schedule a time to meet the sitter in advance.
- Download KFA’s food allergy babysitting form and teach the sitter about food allergy management: kidswithfoodallergies.org/babysitter.
- Teach the sitter what to do if your child has an allergic reaction.
- Prepare safe foods in advance before you leave and teach the babysitter and your child to only eat approved foods while you are gone.
Kids With Food Allergies CARES

Kids With Food Allergies (KFA) is a division of the Asthma and Allergy Foundation of America (AAFA), the nation’s oldest and leading asthma and allergy charity. With one in 13 children now having a food allergy, families need KFA services more than ever. We are a vital lifeline to families raising children with food allergies.

Community outreach and support drive our most important programs:

Advocacy tools make it easier for you to take action on issues important to you. KFA advocates for better food labeling, improved school policies, affordable medicine and health care, funding for research and public accommodations.

Research on food allergies will help improve the quality of life for families and find ways to prevent the development of food allergies or treat them. KFA believes patients and their families are central to this research. We launched the first patient-centered food allergy registry to accelerate research important to families affected by food allergies.

Education saves lives. KFA offers you the tools you need to learn how to reduce risk of allergic reactions and what to do if a reaction happens. We also offer thousands of allergy-friendly recipes and tips on how to cook and bake allergy safe foods.

Support is available 7 days a week. Parents of children with food allergies can receive personalized help on our private support forums. We also offer extensive outreach through our social media channels and our network of local chapters and support groups.

For more detailed information and a list of resources, please visit kidswithfoodallergies.org.

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