

PRACTICAL FOOD ALLERGY MANAGEMENT

Quick Guide

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TAKE ALL FOOD ALLERGIES
SERIOUSLY

TRACE AMOUNTS OF FOOD
CAN CAUSE A REACTION

PREVENTION and **PREPAREDNESS** should be applied to every situation.

PREVENTION

ACT to Prevent an Allergic Reaction

AVOID: Oral ingestion is the most common and serious form of exposure. Prior to eating a food, read labels to completely avoid even the smallest amount of the allergen.* Ingredients can change without notification. Get familiar with current labeling laws and how they relate to your specific allergens. Avoid foods that contain advisory statements (processed in a facility, etc.) for the food allergen.* Also, read the labels of skin products, supplements and pet food.

Healthy skin helps keep allergens out of our bodies; some skin exposures can cause local hives. The smell of a food does not cause an allergic reaction, but inhaling in cooking vapors or powdered, crushed or dust forms of an allergen has been reported by some to induce a reaction. These types of reactions are typically mild, but in rare cases people have reported experiencing severe reactions.

Cross-contact occurs when a food allergen comes in contact with food or an item not intended to contain that allergen. Scraping off or picking allergens out of a food will not make it safe; instead, replace it with a completely new food item. Do not be afraid to ask questions to make sure the item is safe. Know the common sources of cross-contact. Do not share utensils, beverages or food, and wash hands prior to eating and before touching the face. Saliva from other people and pets can also contain allergens if they have recently eaten. Most importantly, if you are unsure if an item is safe, do not eat the item!

COMMUNICATE: The child, all caregivers and anyone responsible for food preparation should know about the allergy. Consider medical alert notification jewelry.

TEACH: Educate all caregivers who have responsibility for the child. Include children in developmentally appropriate self management skills (hand washing, allergen avoidance, saying "no thank you," reporting symptoms, etc.).

** Some exceptions may be recommended by healthcare providers.*

PREPAREDNESS

Be prepared to REACT

RECOGNIZE ANAPHYLAXIS: Anaphylaxis is a severe life-threatening allergic reaction. You need to know which symptoms suggest a severe allergic reaction and when to use an epinephrine auto-injector. Discuss this with your healthcare provider. A written allergy action plan is very helpful in an emergency and in training others who care for your child. A form is available at foodallergy.org/faap. Ask your healthcare provider to fill one out for you and explain it to you.

GIVE EPINEPHRINE: Epinephrine is the first line treatment of anaphylaxis. Always have your epinephrine auto-injectors available. It is wise to have two doses available because some people may need a second dose. Discuss this with your healthcare provider. Practice with training devices and make sure that you are comfortable enough to not only give epinephrine if needed, but to teach other caregivers how to give it as well.

ACTIVATE EMERGENCY RESPONSE: After treating with epinephrine, call your local ambulance service and tell them that a child is having an allergic reaction and may need more epinephrine. (An ambulance should be called not because epinephrine is dangerous, but because the allergic reaction was severe, needed to be treated with epinephrine, and may need more treatment.)

RESOURCES

For more information about food allergy management, please visit:
AAFA.org ▪ AANMA.org ▪ AllergyHome.org ▪ Foodallergy.org
Kidswithfoodallergies.org

For epinephrine auto-injector information, please visit:
Adrenaclick.com ▪ Auvi-Q.com ▪ Epinephrineautoinject.com ▪ EpiPen.com

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Please note that this is a quick tip sheet and is not all-inclusive. It is intended to augment, not replace, current food allergy training.
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