

# Reducing the risk of your child having a serious allergic reaction

## PARENT AND CARER LEAFLET

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Allergic reactions vary in severity. People with food allergy tend to have reactions which affect the skin or gut, but around one third of reactions involve the breathing: these more serious allergic reactions are known as anaphylaxis. Very rarely, anaphylaxis can be severe and therefore life-threatening. This leaflet explains how you can reduce the risk of this happening. Anaphylaxis is unpredictable and can occur in people who have never had this type of reaction before, but most people will recover fully.

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## THINGS YOU CAN DO TO REDUCE THE RISK OF A SERIOUS ALLERGIC REACTION:

### 1) Get an accurate diagnosis and avoid the food your child is allergic to

- Make sure you know exactly which food(s) your child is allergic to.
- Speak to your specialist, dietitian, or GP about what measures you need to take to avoid these foods; check you know what ingredient names to look out for on packaging and food labels.
- Remind your child to stop eating a food if they start to feel unwell. They should tell an adult that they might be having an allergic reaction and not go anywhere on their own.

### 2) Know the symptoms of anaphylaxis and respond immediately

- Familiarise yourself with the information in this leaflet and on your Allergy Action Plan, so that you know what the symptoms of anaphylaxis are, and what to do if your child has a reaction.
- Help your child to understand their allergy and take age-appropriate responsibility for their allergy management i.e. remembering to take their adrenaline auto-injectors (AAIs) with them at all times and know how to use them.
- There are currently three brands of AAI available in the UK - EpiPen, JEXT and Emerade. They operate in slightly different ways so make sure everyone knows how to use the one your child has been prescribed. If you have questions, ask your healthcare team or a pharmacist. You can also watch one of approved refresher training videos (<https://www.epipen.co.uk> <https://jext.co.uk/> <https://www.emerade-bausch.co.uk/>) and request a trainer device.



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## **3) If you suspect anaphylaxis, give adrenaline before you do anything else**

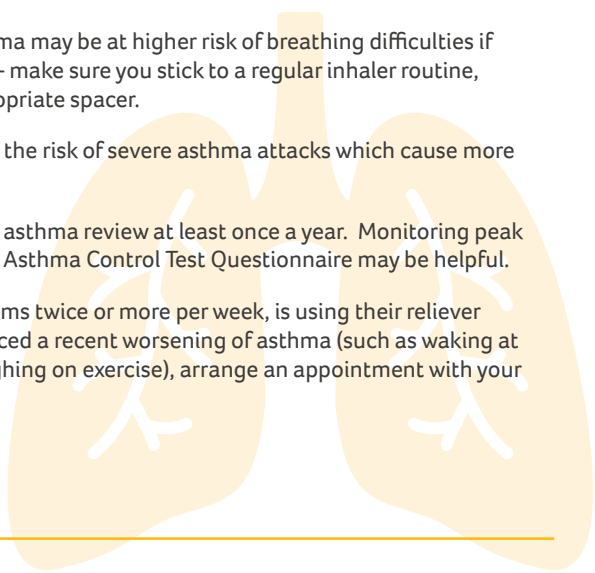
- If you think your child is having anaphylaxis, then give them adrenaline as quickly as possible using their AAI. Do this before you try other medicines or do anything else. If you're in any doubt, use the AAI. Injecting adrenaline into the big muscle in the leg (thigh) to treat an allergic reaction is very safe. It is better to use an AAI when you did NOT need to, rather than not to use it when you do.

## **4) Check your child has two adrenaline auto-injectors and that they are in date**

- Your child should always have immediate access to two AAIs with them, at all times. Some schools may request one or two devices to be left on the school premises.
- Make sure the AAIs are in date and set a reminder to replace them before they expire. You can also register for expiry alerts on the AAI manufacturers' websites.
- In an emergency it is better to use an out-of-date AAI rather than none at all, as long as the liquid inside isn't discoloured or grainy.
- AAI doses are based on a child's weight. Talk to your doctor if you think your child might have the wrong dose, particularly if they have had a recent growth spurt. Current AAI doses are: 150 micrograms for patients weighing less than 25kg; 300 micrograms for patients weighing at least 25kg. Emerade also have a device which contains 500 micrograms which is licensed for young people above 60kg.

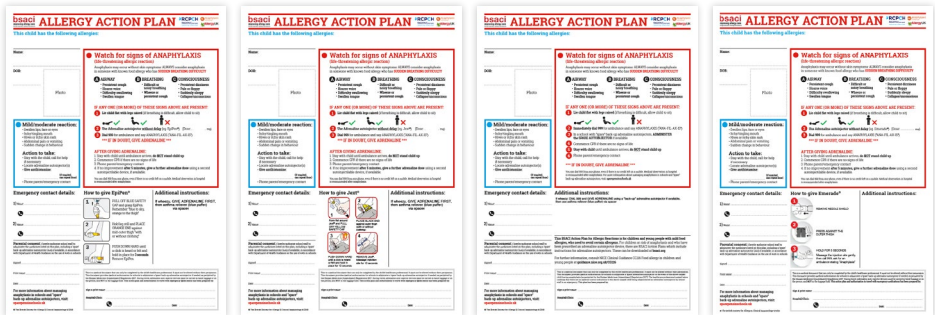
## **5) Make sure your child's asthma is well controlled**

- Children with poorly-controlled asthma may be at higher risk of breathing difficulties if they have a serious allergic reaction – make sure you stick to a regular inhaler routine, avoid missing doses and use an appropriate spacer.
- Good asthma control will also reduce the risk of severe asthma attacks which cause more fatalities than anaphylaxis.
- Children with asthma should have an asthma review at least once a year. Monitoring peak flow and/or asthma control using the Asthma Control Test Questionnaire may be helpful.
- If your child develops asthma symptoms twice or more per week, is using their reliever twice or more a week or has experienced a recent worsening of asthma (such as waking at night with asthma symptoms or coughing on exercise), arrange an appointment with your GP or asthma nurse to be reviewed.



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## 6) Ensure your child has an Allergy Action Plan and that you understand it and share it with other carers.



- Every child with an immediate-type food allergy should have an Allergy Action Plan with an up-to-date photo for home, school/nursery/childcare and any other carers. This plan will help you/them recognise an allergic reaction and treat it promptly.
- Allergy Action Plans can be downloaded from BSACI.org, if you don't have one, ask your child's health professional to complete one for you. <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>
- You and your child's carers should spend time becoming familiar with your child's Allergy Plan. You might like to run through different scenarios in your head to check that you are clear about what to do for different symptoms (i.e. swollen lips, wheezing) and settings (i.e. school trip, sleepovers). Thinking how you would manage the same scenarios on holiday can also be useful.

## 7) Communicate with anyone who helps you with childcare and make sure they know how to respond in an emergency.

- Check staff understand your child's Allergy Action Plan and have an up-to-date copy.
- Ensure your child has prompt access to 2 AAI's while at school, at a child minder or nursery and that these are also available for trips.
- Know when your child's AAI's are nearing expiry so they can be replaced.
- Encourage your school to purchase "spare" AAI devices [www.sparepensinschools.uk](http://www.sparepensinschools.uk)

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## 8) Make sure restaurants and takeaways understand your child's allergy when ordering food

- Clear communication is important. If you don't feel you have been understood or properly heard, then raise this with the manager. If you still don't feel you are being taken seriously, then leave and find somewhere else to eat.
  - If you are going overseas, take translation cards with key phrases and your child's allergens in the local language (available from Allergy UK) and discuss with the travel operator when booking.
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## POINTS TO REMEMBER IN THE EVENT OF AN ALLERGIC REACTION/ANAPHYLAXIS:

### 1) Use AAI at the first sign of Anaphylaxis or if in doubt

- If there is any suggestion that your child's Airway, Breathing or Consciousness is involved then use the AAI immediately.



#### AIRWAY:

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swollen tongue



#### BREATHING:

- Difficulty or noisy breathing
- Wheezing (like and asthma attack)



#### CONSCIOUSNESS:

- Feeling light-headed or faint
- Clammy skin
- Confusion
- Unresponsive/unconscious (due to a drop in blood pressure)

- If your child is experiencing any of these symptoms, give the AAI before calling 999 for help. Use the AAI before giving other medicines (e.g. antihistamine, salbutamol inhaler).
  - Do not wait until your child is feeling more unwell: delays in using AAI to treat anaphylaxis may increase the risk of fatal reactions. If in doubt, always use the AAI.
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## 2) Give adrenaline in the upper thigh muscle (in the leg)

- The AAI can be given through clothes, although avoid seams and zips.
- Your child should be lying down with their legs raised or sitting if they are having trouble breathing. You need to make sure you are holding their leg still.

## 3) Call 999 and tell them you're responding to Anaphylaxis (pronounced 'Ana-fil-axis')

- Be clear that your child is having a life-threatening allergic reaction and needs an urgent response. Explain that you have used their AAI.

## 4) If things are not clearly improving within 5 minutes, give another dose using a second AAI.

- Do not delay. If you aren't sure, give another dose. Some doctors recommend giving a second dose on the other thigh, but there is no evidence that this matters. What matters more is that a second dose is given correctly, without delay.

## 5) Do not let your child stand up.

During anaphylaxis, suddenly standing up can make your child more unwell. Lying flat with the feet raised is the best position. If breathing is difficult, sit them up on the floor with their legs flat in front of them.



## 6) Some things can make your reaction worse:

- Avoid exercise, having a bath or shower, travel or drinking alcohol until fully recovered from an allergic reaction – even a mild one – as these can make your reaction worse or make it harder to get emergency medical care.

## 7) Get help, even if your child feels better.

- If you have used an AAI, **always call 999** and get checked in hospital as there is a small risk of recurrence or worsening of reaction symptoms requiring further treatment.
- Give your used AAI to the paramedic for safe disposal.
- Make sure you are given a replacement AAI before you leave the hospital.

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This Patient Information Sheet has been reviewed and endorsed by Allergy UK and Anaphylaxis UK, February 2023.

