



ANAPHYLAXIS TO FOODS

WHAT IS ANAPHYLAXIS?

- **Anaphylaxis** is serious allergic reaction that comes on quickly and could be fatal
- Various parts of the body (skin, breathing, gut, heart) can be affected

WHAT ARE THE SYMPTOMS?

- Symptoms typically are sudden after the trigger food is eaten (minutes to 1-2 hours)
- The most dangerous symptoms are breathing difficulties and poor blood circulation
- Possible symptoms that may occur alone or in any combination include:
 - **Skin:** itchy rash/flushing, hives (welts), swelling of lips and face
 - **Mouth:** itchy, tingling, odd tastes
 - **Gut:** nausea, pain, vomit, diarrhea
 - **Breathing:** tight throat, cough/wheeze, trouble breathing
 - **Circulation/heart:** paleness, fainting, blueness, weak/thready pulses
 - **Other:** anxiety, feeling of “impending doom,” red/itchy/watery eyes, uterine cramps, headache

HOW IS IT TREATED?

- The primary treatment is prompt injection (shot) of **epinephrine**
 - This reverses severe symptoms, allowing time to seek additional care
 - More than one dose is sometimes needed if symptoms progress or recur
 - Epinephrine is available as spring-loaded self-injectors
 - Epinephrine is generally safe, even if injected without anaphylaxis
 - The primary side effects are rapid heart rate and jitteriness
 - Side effects are not typically problematic for a healthy child
- Additional medications: Antihistamines (such as Benadryl/diphenhydramine or Zyrtec/cetirizine) for itch/swelling/rash and asthma inhaled bronchodilators for wheezing
 - **These medications cannot be depended upon to reverse anaphylaxis**
- Get to an emergency room for additional care (e.g., 911, ambulance)

WHEN SHOULD EPINEPHRINE BE INJECTED?

- If there are breathing or circulation/heart symptoms (see above)
- If a reaction is progressing and several areas of the body are affected
- If there are no symptoms (yet) but a trigger food that previously caused very severe anaphylaxis was definitely eaten
- AND **Remember: When in doubt treat!**



HOW SHOULD I PREPARE TO TREAT ANAPHYLAXIS?

- Work with your doctor to obtain and review an **EMERGENCY TREATMENT PLAN**
 - The plan should include information about self-injected epinephrine, additional medications, when to treat, and contact information.
- Review how/when to use the self injector devices **TEACH OTHERS** including your child if age-appropriate
 - Practice with a “trainer”/“demonstrator” injector
- Make an “emergency kit” with medications and instructions
- Have your child wear a medic alert bracelet or necklace
- Children with asthma may need a bronchodilator (inhaler)

ADDITIONAL INFORMATION ABOUT ANAPHYLAXIS

- The **sooner the reaction is treated**, the **less severe** it is likely to become.
- It is possible to have anaphylaxis without hives and some studies show that fatalities are more common when there is anaphylaxis without hives.
- In the event of anaphylaxis, your child should go to a hospital for observation and/or further treatment even if symptoms improved with treatment.
 - When calling 911, explain that your child had anaphylaxis to a food and was treated with epinephrine
 - Sometimes symptoms come back, possibly worse, minutes or hours after the initial symptoms resolved.
 - Remain under medical supervision for several hours or more until it is clear that the episode is over
- Inform family, health care workers, employers and school personnel about your child’s allergy so they can watch for symptoms and help avoid allergy triggers
 - For teenagers, having informed friends can be life-saving

ADDITIONAL INFORMATION ABOUT EPINEPHRINE SELF-INJECTORS

- Periodically check expiration dates (but an expired unit is better than nothing)
- Store self-injectors so they will not be exposed to extremes of temperature
 - for example, do not store in car glove compartments or refrigerators
 - consider storage in a common place (example, kitchen cabinet at home and grandmother’s house)
- Injections can go through clothing, but time usually permits clothing removal
- Inject into the upper, outer thigh and hold for a count of ten
- Make sure you are using the “real” injector, not a “trainer”/“demonstrator”
- Bring the used unit with you to the hospital

WHAT SHOULD I ASK/TELL MY DOCTOR?

- Review/update your emergency plans and medications at least yearly
- Review when and how to treat a reaction
- Inform your doctor of any allergic reactions

RESOURCES

- This program has additional information sheets that you may find helpful
- Explore additional educational materials, for example, from Food Allergy Research & Education (www.foodallergy.org).
- An example of a written emergency treatment plan is available at www.foodallergy.org