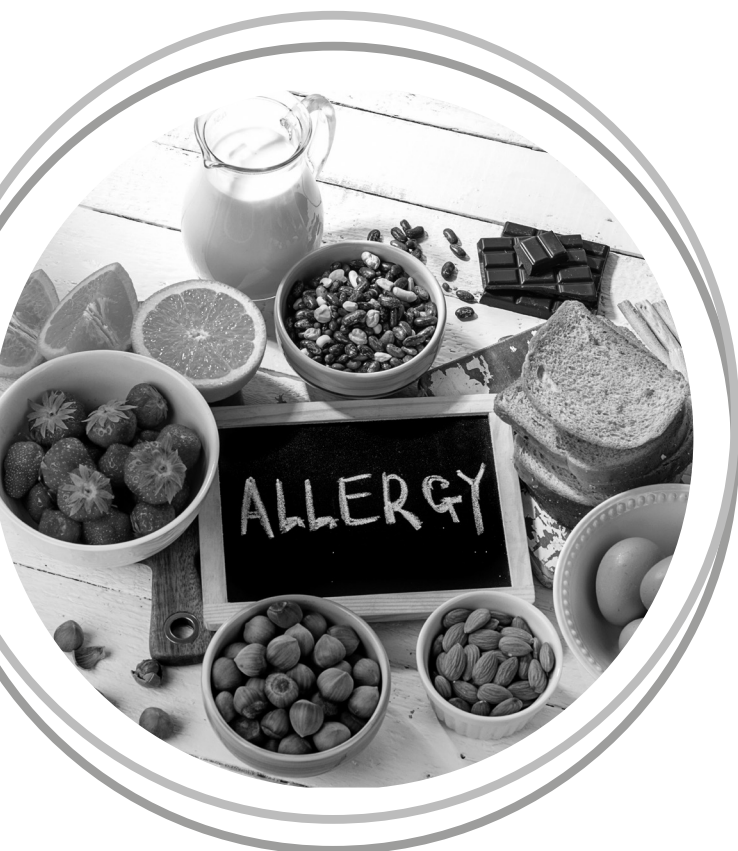


# How to Recognise and Manage Mild to Moderate Allergic Reactions in Children

Information for parents and carers



## **What is an allergic reaction?**

An allergic reaction happens when the body's immune system over-reacts to contact with normally harmless substances. An allergic person's immune system treats certain substances as threats and releases substances such as histamine to defend the body against them. The release of histamine can cause the body to produce a range of mild to severe symptoms. An allergic response can develop after touching, swallowing, tasting, eating or breathing-in a particular substance.

## **What can cause allergic reactions?**

### **Foods**

For example:

- tree nuts and peanuts
- fish and shellfish
- eggs and milk.

Most allergic reactions to food occur immediately after swallowing, although some can occur up to several hours later.

Food allergies are more common in families who have other allergic conditions such as asthma, eczema and hay fever.

People can also have an allergic reaction to fruit, vegetables and legumes. Legumes include pulses, beans, peas and lentils. Peanuts are also part of the legume family.

### **Insect stings**

- Reaction to an insect sting is immediate, usually quicker than allergic reactions to food.

## **Natural rubber latex**

Some common sources of latex are:

- balloons
- rubber bands
- carpet backing
- furniture filling
- medical or dental items such as catheters, gloves, disposable items.

## **Medicines**

Medication rarely causes a severe allergic reaction in children.

## **How to avoid contact with allergens**

The most important way to manage a child at risk of allergic reactions is to **avoid the substances they are allergic to**.

As soon as the child is able to understand and take part, it is important to involve them in avoiding the allergic substance.

## **Food**

When a food allergy has been identified, it is essential that the child does not eat even a tiny quantity of the food that they are allergic to (unless advised differently by the allergy clinic). An allergic reaction may also happen even if they touch that particular food.

A major problem with foods is accidental exposure to a particular food, especially peanuts, when it is a hidden or undisclosed ingredient. It is important to:

- Read all labels carefully even if the product has been eaten before. This is because manufacturers regularly change the ingredients they put in products.
- Be more careful when children are eating out, on holidays, on outings and at adult and children's parties. These are times when accidental ingestion is more likely to occur. Always be alert!

- Ask about ingredients in food when eating from restaurants, in-store bakeries and delicatessen counters. Foods are generally unlabelled in these places. Stress the seriousness of the allergic condition to the staff. Talk directly with the chef if necessary. If they cannot guarantee that a specific dish is safe, it is best to choose a dish which they can confirm is safe or eat elsewhere.
- Ask retailers and manufacturers for a product list of foods which are free from certain ingredients, such as peanuts, nuts, egg and milk.
- Dietitians can give advice about how to avoid particular foods and have very useful information leaflets.

### **Cross-contamination**

Cross-contamination is a risk for children with a food allergy. This happens when a food has unknowingly come in contact with the allergenic food. Here are some ways to reduce the risk of cross contamination:

- Take extra care when preparing food so contaminated cutlery, crockery, or work surfaces do not come into contact with the child's 'safe' food. Use clean utensils and wipe down surfaces with hot soapy water.
- Keep the allergenic food safely out of reach.
- If you have been eating the allergenic food, wash your hands and rinse your mouth well before touching or kissing your child.

## **Insect stings**

Here are some steps reduce the risk of your child being stung:

- Avoid dressing your child in shiny or brightly coloured clothing.
- Ensure your child wears shoes when outside.
- Avoid eating food outside.
- Avoid drinks in cans when there are wasps around. Boxed drinks with straws may be safer.
- When outside, avoid open rubbish bins, flower beds and keep food covered.
- Use insect repellents.

## **Latex**

A severe allergic reaction is most likely to occur when latex has come into contact with mucous membranes (such as the mouth, eyes or ears) or directly with tissue (during surgery). It is important to:

- Warn doctors, dentists, paramedical staff and hairdressers that your child is allergic to latex.
- Be aware of all substances that may contain latex.

## **Medicines**

- Make sure that you know all the names of the medicines that your child is allergic to as medicines sometimes have more than one name.
- Always check any medicines prescribed for your child either by your GP or in hospital.

# Signs and symptoms of an allergic reaction

Despite avoiding the substances that can cause allergic reactions, accidents do happen. In an allergic reaction, any of the following symptoms may occur in any order and they may quickly progress from mild to severe. Milder reactions are much more common. Anaphylaxis, the most severe type of allergic reaction, is uncommon. It can be life threatening but is rarely fatal in children.

Most reactions occur within 5 minutes or up to an hour of ingestion or contact with the allergen, but some reactions can occur up to a few hours later. There can also be a second phase of the reaction when symptoms reoccur. It is important to keep an eye on your child for about 6 to 8 hours after the first sign of the reaction.

## Mild/moderate allergic symptoms

- tingling, itching or burning sensation in the mouth (useful initial warning that your child has eaten food they are allergic to)
- rapid development of nettle rash/wheals/hives (urticaria)
- intense itching
- swelling, particularly of the face
- feeling hot or very chilled
- rising anxiety or feeling scared
- pale or flushed
- abdominal (tummy) pain
- nausea and/or vomiting.

## Severe symptoms (known as anaphylaxis)

- Difficulty in breathing. Either noisy or unusual wheezy breathing, hoarseness, croupy or choking cough or not able to talk normally. Breathing difficulties are due to swelling inside the throat and airway.
- Decreased level of consciousness, faint, floppy, very pale, blue lips, or unresponsive. This is due to a drop in blood pressure.
- Collapse.

## Action plan

- **Always have antihistamine available for your child.**  
Either in syrup or tablet form depending on their age and ability to swallow tablets. If your child can easily swallow tablets then it may be good to swap to these, as they are easier to carry.
- Children who are of secondary school age should carry these medications with them at all times.

### Mild/moderate symptoms

1. As soon as any symptoms are noticed any food still in the mouth should be spat out. If some water is available swill it round the mouth and then spit out (if child able to do so) and an adult informed.
2. The child/young person should be watched carefully and given some oral antihistamine such as chlorphenamine, (brands include Piriton) or Cetirizine, (brands include Piriteze or Zirtek), depending on the age of the child. Cetirizine is recommended for children over 1 year old, as it is a non-sedating antihistamine, which is longer acting and does not usually cause drowsiness. These antihistamines can be in syrup or tablet form.
3. It is important to stay with the child, keep them calm and not running around, and continue to monitor the allergic reaction to make sure it is getting better, not worse.

### Severe symptoms

It is highly unlikely that severe symptoms will occur based on your child's allergy history and test results.

If, on a rare occasion, severe symptoms occur, please follow these guidelines:

1. Stay with the child – do not leave them alone.
2. Phone 999 and ask for an ambulance. Inform the ambulance you have a **child** having a severe allergic reaction or Anaphylaxis (Ana-fil-ax-is).

3. If your child is having breathing difficulties, keep them sitting, supported upright. If wheezy, and prescribed, they can have 10 puffs of their reliever inhaler, such as Salbutamol (Ventolin®), via a spacer.
4. If they appear to be fainting then lie them flat with their legs raised. If your child completely loses consciousness, then they should be laid down on their side.
5. Stay with your child, keeping them calm and comforted until help arrives.

## **Adrenaline**

Children who have had a previous severe reaction or who have problematic asthma are usually given adrenaline to carry with them to treat a severe allergic reaction. The best and easiest way to carry this is as an adrenaline auto injector, brands include Epipen®, Jext® and Emerade®. Your child does not need an adrenaline autoinjector at present.

If your child develops asthma or has a severe reaction, please contact the allergy clinic or your GP. Your child's allergy management and the need for an adrenaline autoinjector will then be reviewed.

## **Nurseries, child-minders, schools / activity groups**

Please tell your child's carers about their allergy and what they need to avoid. You will also need to have some antihistamines available to administer in case of an allergic reaction. All medication for nurseries and schools, etc. will require written instructions with the individual child's name, dose and frequency.

You may like to discuss your child's allergy with the health visitor or school nurse. They can give you advice and training to school staff if necessary.

You may like to give the pull-out action plan to carers to remind them how to treat your child if they have an allergic reaction.



## **How to contact us**

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### **Children's Allergy Nurses**

Horton General Hospital.

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### **John Radcliffe Hospital**

Telephone: **01865 221 652**

Email: [childallergynurse@ouh.nhs.uk](mailto:childallergynurse@ouh.nhs.uk)

## Further information

### **British Society for Allergy and Clinical Immunology (BSACI)**

Telephone: **0207 501 3910**

[www.bsaci.org](http://www.bsaci.org)

### **The Anaphylaxis Campaign**

Helpline: **01252 542 029**

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

### **Allergy UK**

Helpline: **01322 619 898**

[www.allergyuk.org](http://www.allergyuk.org)

### **Asthma UK**

Helpline: **0300 222 5800**

[www.asthma.org.uk](http://www.asthma.org.uk)

### **National Eczema Society**

Telephone: **0207 281 3553** Helpline: **0800 448 0818**

[www.eczema.org](http://www.eczema.org)

### **BAD British Association of Dermatologists**

Telephone: **020 7383 0266**

[www.bad.org.uk](http://www.bad.org.uk)

### **Itchy sneezy wheezy**

For information on allergy, eczema, asthma and rhinitis.

[www.itchysneezywheezy.co.uk](http://www.itchysneezywheezy.co.uk)



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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