



Managing Your Child's Food Allergies



Kids with Food Allergies
Asthma and Allergy Foundation of America



**Live confidently
with food allergies.**

Almost 6% of children in the United States have a food allergy.¹ Having a child with a food allergy can be a big adjustment. But with education and support, you can successfully manage your child's food allergy so they can live a full, active life. Kids with Food Allergies (KFA) is here to help.

Coming Home with a New Diagnosis

When your child is first diagnosed with a food allergy, you may feel overwhelmed. Over time, with education and support, you can learn how to navigate your child's food allergy with success. If your child has just been diagnosed with a food allergy, here are some tips to get you started:

- Start by reading labels of the foods in your home to find what your child can and cannot eat.
- Separate your child's safe foods or label them clearly so they are easy to find and reduce confusion.
- Plan plenty of time for your next trip to the grocery store and go without kids, if possible. Take your time reading labels and choosing foods.
- Start with plain foods with simple ingredients. Then, look for new recipes that use the same ingredients in different ways.
- Read labels twice – first when you buy a food and then again after you bring the food home and make/serve it. Labels can change, even on foods your child regularly eats. This helps reduce the chances your child will accidentally eat their food allergen.
- Take steps to help you build a habit of taking your child's epinephrine and a copy of their Anaphylaxis Action Plan with them wherever they go.

1. Zablotsky, B., Black, L.I., & Akinbami, L.J.(2023). *NCHS Data Brief, no 459: Diagnosed allergic conditions in children aged 0-17 years: United States, 2021*. National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:123250>

What Is a Food Allergy?

If your child has symptoms after eating certain foods, they 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**. Allergic reactions usually occur soon after your child eats one of their food allergens.

Common Food Allergens

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

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

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

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

Diagnosing a Food Allergy

Your child's doctor will diagnose a food allergy based on your child's symptoms, medical history, physical exam, and allergy test results. Tools that help your doctor diagnose a food allergy include a skin prick test (SPT), blood tests, and an oral food challenge. It is best to see a board-certified allergist or pediatric allergist for diagnosis and treatment, if possible.

Some types of food allergies affect the gut. You may also be referred to a pediatric gastroenterologist (GI doctor) if your doctor suspects your child may have one of these types of food allergies.



Physical exam



Skin prick test (SPT)



Blood tests



Oral food challenge

If you are feeling overwhelmed, fearful, or worried about your child's food allergy, talk with your child's allergist. Ask questions about risks of allergic reactions. Make a food allergy plan that works for your family. Talking with a counselor experienced with food allergies can also help you process the emotional weight of the diagnosis and management.

To find an allergist, visit:
acaai.org/find-an-allergist

To find a food-allergy-aware counselor, visit:
FoodAllergyCounselorDirectory.com





Types of Food Allergies

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, respiratory tract, and gut. Sometimes allergy symptoms are mild. Other times they can be severe.

Cross-reactivity: Having an IgE-mediated allergy to one food might mean your child is allergic to similar foods. This happens when proteins in one food are similar to the proteins in another food. For example, most people with cow's milk allergy cannot eat goat's milk because they have similar proteins.

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 (gut).

Eosinophilic esophagitis (EoE): This is 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 usually first occurs in infants. Symptoms include vomiting and/or diarrhea, which starts about two hours or later after eating the food causing the condition.

Allergic proctocolitis: An allergy to food protein inflames the lower part of the intestine. It affects infants in their first year of life and usually ends by age 1.

Signs and Symptoms of Food Allergies

Each allergic reaction can be different from another. Sometimes allergy symptoms are mild. Other times, symptoms can be severe and result in a serious allergic reaction called anaphylaxis [anna-fih-LACK-sis]. Anaphylaxis can be life-threatening if not treated right away. Anaphylaxis can involve one or more systems of the body, such as skin, respiratory tract, gut, and cardiovascular system. Every symptom that occurs due to allergy can also occur from other causes, and it is important to talk about ways to tell these apart with your child's allergist.

Some signs and symptoms of an allergic reaction include:



Skin rashes, itching, and hives



Swelling of the lips, tongue, or throat



Shortness of breath, trouble breathing, and wheezing (whistling sound during breathing)



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 will also be on your written Anaphylaxis Action Plan.

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 Anaphylaxis Action 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 only medicine that treats anaphylaxis.



Epinephrine is safe and comes in easy-to-use options. The most common is an auto-injector. It injects a single dose of medicine when you press it against your child's outer middle thigh. It works quickly to stop serious symptoms.



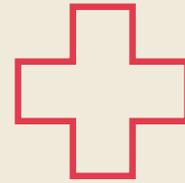
Always have epinephrine with your child.



Teach people who spend time with your child how to recognize anaphylaxis and use epinephrine.



Have your child wear a medical alert bracelet to let other people know of their allergy.



Know How to Treat Anaphylaxis

1. Follow the steps in your child's Anaphylaxis Action Plan to give your child epinephrine as soon as you notice symptoms or if they eat a known food allergen. The sooner you give epinephrine, the better chance you have of stopping the allergic reaction. Injections of epinephrine go into the outer middle thigh.
2. After giving epinephrine, symptoms should start to get better quickly. If after 5 minutes, symptoms do not get better, use a second dose of epinephrine.
3. Seek emergency medical care if symptoms do not improve. (Call 911 or a local ambulance service.)

Doctors used to recommend taking your child to the emergency department after giving epinephrine. But there are new approaches to managing anaphylaxis. Most children start to feel better within minutes.

Talk about options with your child's allergist to fully understand when it is OK to stay at home or when to go to the emergency room after giving epinephrine. Each child is different. You may have a plan that is different from someone else you know.

4. Contact your allergist or primary care doctor within 24 hours of a severe allergic reaction, even if you received emergency care.

Epinephrine is safe and works quickly to stop serious symptoms of allergic reactions.



Take Steps to Prevent Allergic Reactions

The only way to prevent an allergic reaction is to have your child avoid eating their food allergen. Small amounts of an allergen may cause a reaction.

Here are some steps you can take:

- Learn how to read food labels. Read the label every time you buy a product, even if you've used that product before. Food ingredients may change.
- Label foods in your home as "safe" or "not safe" or store them separately.
- Wash your hands with soap and water before handling safe food or after handling unsafe food.
- Wash pans, utensils, and dishes in hot, sudsy water before using them to prepare food.
- Prepare and serve allergy-safe food with separate, clean utensils, and surfaces.
- Ask about ingredients in foods that other people make for your child.
- If the food does not have a label or if you cannot confirm the ingredients, don't let your child eat it.
- Educate family, friends, school staff, and other caregivers about your child's allergies.
- Teach your child how to manage their food allergies. Also teach your child how and when to use epinephrine when they are old enough and to tell an adult if they are having an allergic reaction.
- Focus on the foods your child can have, not what they can't have.

Finding Safe Foods

After a food allergy diagnosis, you will need to learn how to bake, cook, and shop differently. KFA offers thousands of allergy-friendly recipes and resources to help you.

Replacements and Substitutions



Milk products: You can find a lot of milk substitutes made from legumes, seeds, and grains. These include rice, hemp, soy, sunflower, oat, and coconut milks. You can substitute milk-free margarine or oils in equal amounts for butter.



Eggs: Replace eggs with egg replacers, fruit purees, flaxseed, or a mix of oil, water, and baking powder.



Peanuts and tree nuts: Use beans, seeds, and pretzels to replace peanuts or tree nuts in a recipe. Use seed butters – such as sunflower butter – to replace nut butter.



Sesame: Use other flavorful oils – such as olive, avocado, or nut oils – to replace sesame oil. Replace sesame seeds with poppy seeds, hemp seeds, or chia seeds. Replace tahini with nut or seed butter.



Soy: Look for alternative milks if you can't have cow's milk or soy. Replace whole soybeans (edamame) with other beans (fava, garbanzo). Soy oil and soy lecithin are safe for most people.



Wheat and gluten: Look for wheat-free and gluten-free pasta, tortillas, flour, bread, and more.



Fish and shellfish: Read labels carefully on fish/shellfish substitute products like imitation crab meat. Alternative seafood products can be made from beans and other plant-based sources.

Managing Food Allergies Outside the Home

It may feel easier to manage food allergies at home, but what do you do when you leave home? With good communication and planning, your family can successfully manage your child's food allergy.



Schools and Daycare

- Meet with school staff before you enroll your child.
- Partner with your school administration and school nurse/health staff.
- Set up school health care plans.
- Discuss safe food options.
- Work with staff to manage emergency medicine at school.



Playdates, Activities, Sports, and More

- Consider hosting gatherings at your home first.
- Volunteer as a coach, group leader, or helper if you can.
- Ask other parents if they are willing to learn how to use epinephrine and help your child avoid allergens.
- Suggest safe activities and snacks for your child.
- Bring safe food 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 give it to your child.
- At parties, keep your child's food separate and clearly labeled.
- When traveling, research safe foods at your destination before you leave, and carry extra safe foods and snacks.



Babysitters and Caregivers

- Schedule a time to meet the sitter in advance.
- Give sitters KFA's food allergy babysitting form and teach them about food allergies.
- 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

Resources

KFA has a lot of information and resources to help you manage your child's food allergies. Visit our website to read more about living and thriving with food allergies, catch up on the latest news about treatments, take online courses, join our support community, and more: kidswithfoodallergies.org

Here are some of the resources available on our website:

- KFA's free online support community for parents and caregivers:
kidswithfoodallergies.org/join
- KFA's Safe Eats® allergy-friendly recipes:
kidswithfoodallergies.org/recipes
- Find new allergy-friendly foods:
kidswithfoodallergies.org/allergyfriendlyfoods
- Guides, ingredient lists, and chef cards for many of the most common food allergens:
kidswithfoodallergies.org/allergens
- KFA's School Zone with resources to help parents and school staff prevent food allergy reactions at school:
kidswithfoodallergies.org/school
- Food recall alerts:
kidswithfoodallergies.org/recalls

