



ANAPHYLAXIS AND YOUR CHILD

Your child has recently experienced an anaphylactic reaction. Medication brought the symptoms under control, but while the reaction was going on you may have thought your child's life was in danger. You weren't over-reacting; anaphylaxis can be life-threatening. Whatever the symptoms—hives, swelling of the lips and face, difficulty breathing, vomiting and diarrhea, light-headedness and fainting from a drop in blood pressure—anaphylaxis is frightening and dangerous. Now that you know your child is going to be all right, you want to understand what happened and how to keep it from happening again.

What happened?

Anaphylaxis is a severe allergic reaction to a food, insect sting, medication, or other agent. In children, food is the most common cause. To find out exactly what your child is allergic to and what can be done to avoid these reactions, your doctor will probably refer you to an allergist. This specialist will use skin or blood tests to identify specific allergies and treat them appropriately. If the reaction followed a bee or wasp sting, the aller-

gist may advise a series of shots to make your child less sensitive to stings in the future.

If a food set off the attack, allergy shots can't help; the only way to protect your child is to avoid the offending food. The most common food allergens are eggs, fish, milk, peanuts, shellfish, soybeans, and tree nuts like walnuts and almonds. Testing will reveal your child's particular allergies.

How can you keep it from happening again?

You may not be able to protect your child totally, but you can reduce the risks. If your child is allergic to bees or wasps, make sure these outdoor safety rules are followed:

- Don't let your child use perfume, scented soap, or anything else that smells sweet—from hair spray to scented sunscreen. All of these products are available in an unscented form.
- Have your child avoid brightly colored clothing, shorts, and short-sleeved shirts.
- Don't let your child go barefoot—especially in the grass.
- Keep your child away from places where bees and wasps tend to

congregate—clover fields, orchards, places where wildflowers are blooming.

- Teach your child to keep still if a bee or wasp comes near. It will probably fly away without stinging if the child doesn't disturb it.
- At picnics, your child should be wary of soda cans and sweet drinks; bees and wasps are attracted to them. Instruct your child to look before drinking.

If food allergies are the problem, make sure the child doesn't eat anything that will bring on a reaction. As long as the child is at home, where you control the food supply, avoiding these foods won't be too difficult. But

to protect a child who spends part of the day away from home—at day care, school, a friend's house, or camp—you need help from other people. Talk to the parents of playmates, day-care providers, teachers, and camp counselors. Explain the problem and tell them what foods your child must not eat. Stress that you are talking about a serious allergy, not just one that will cause a minor stomachache or rash.

Teach your child which foods are

dangerous; even very young children can learn to be conscientious about avoiding them. Think about common ingredients. A child who is allergic to eggs can't eat birthday cake at parties; send a substitute along to the party.

Learn to scrutinize food labels. Words like albumin and lysozyme indicate the presence of egg protein; casein, whey, and lactose are milk products, and children allergic to milk should not have them.

What if it happens again?

No matter how careful you are, it will happen again—at least a few times. What this means is that you—and your child, as he or she gets older—must always be prepared to treat a severe allergic reaction as soon as the symptoms start.

- Sometimes early warning signs appear before the full-blown reaction. See if your child remembers what happens first, and talk about how important it is to ask for help when the first signs appear rather than trying to "tough it out." With many food allergies, the first sign is itching in the lips and tongue; a child who knows that's how things start will stop eating right away and ask for help. Evidence shows that early treatment is critical.
- Make an emergency plan: what medications to use, how to use them, how close the nearest emergency room is. Other family members, the day-care center, the school, baby sitters, and friends the child visits should all know what the plan is.

Usually, your doctor will prescribe an oral antihistamine and an injection of epinephrine to use as soon as the reaction starts. Epinephrine is available in a pen or kit form so that you can give the injection at home. If your doctor has prescribed an epinephrine kit, make sure you know how to use it. Older children can carry the kit and inject the medication themselves.

Use the epinephrine, along with an antihistamine if the doctor has prescribed one, as soon as the reaction starts, and then go straight to the emergency room in case the reaction recurs or gets worse. Other medications that may be used for a severe attack include corticosteroids and breathing treatments.

It's going to take diligence and caution to keep your child safe, but it can be done. Don't let fear of a reaction dominate your life. Let your child have a normal childhood, and—just in case—always be ready to treat a reaction if it occurs.

For more
information on
food allergies,
call the
Food Allergy
Network at
(800) 929-4040.