Keeping Children Safe, One Bite at a Time

A Pediatric Food Allergy Family Guide
Patient Care Companion (PC²)

1 Recognizing Symptoms & Emergency Preparedness

Breathing
Coughing, wheezing, throat tightness

Brain/Whole Body
Dizziness, feeling faint, sudden and deep sense that something is seriously wrong

Stomach/Gut
Vomiting, cramping, diarrhea

Skin
Hives, swelling, flushing

Epinephrine is the most effective first-line treatment for severe food allergic reactions, such as anaphylaxis.

Carry **two** doses of epinephrine in case of emergency, keep a **written care plan** with school/caregivers, and consider **medical ID jewelry/cards**.

⚠ **Call 911 and use epinephrine** right away for trouble breathing, throat tightness, repeated vomiting, dizziness, or symptoms in multiple body areas.

2 Food Allergy Testing

Oral Food Challenge
Measured food doses are eaten under direct medical supervision for signs of an allergic reaction.

Skin Prick Test
A tiny lancet pricks the skin with a suspected allergen; a raised bump indicates a possible allergy.

Specific IgE Blood Test
Checks for antibodies that your child's immune system makes against a specific food.

3 Treatment Options Beyond Food Avoidance

Oral Immunotherapy
A measured quantity of food allergen is eaten by mouth, in amounts that increase gradually as tolerated under medical supervision to build desensitization over time.

Injectable Biologic Therapy
Omalizumab, given by injection, is FDA-approved for ages 1+ and used alongside food allergen avoidance to lower the immune system's overall allergic response.

None of these therapies are a cure or should be attempted without close medical supervision. Ask your allergist which options, if any, fit your child.

4 Talking With Your Child's Care Team

- Should my child see an allergist for allergy testing (skin prick and/or blood tests)?
- Which treatment options make sense based on my child's age, allergies, and impacts on daily life?
- Does my child have asthma or skin allergies that need management, since they are closely linked to food allergies?
- Who else should be part of my child's care — nutritionist, dermatologist, mental health provider, school nurse, other provider?

This handout is for general education only and does not replace medical advice. Always talk with your child's allergist about diagnosis and treatment.

REFERENCES:

1. American College of Allergy, Asthma, and Immunology. Food allergies. https://acaai.org/allergies/allergic-conditions/food/; 2. Food Allergy Research & Education. Food allergy & anaphylaxis emergency care plan. https://www.foodallergy.org/living-food-allergy/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan; 3. American College of Allergy, Asthma, and Immunology. Food allergy avoidance. https://acaai.org/allergies/management-treatment/living-with-allergies/food-allergy-avoidance/; 4. National Institute of Allergy and Infectious Diseases. Statement: NIH trial data underpins FDA approval of omalizumab for food allergy. https://www.niaid.nih.gov/news-events/statement-nih-trial-data-underpins-fda-approval-omalizumab-food-allergy; 5. Wood RA, et al. *N Engl J Med*. 2024;390:889-899.

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