



Caring for Children with Food Allergies

A food allergy is a reaction to food or drink where the body mistakenly interprets some part of it as a danger and activates the immune system. Between 4% and 8% of children in the United States have at least one food allergy, and although the exact reason is unknown, they are on the rise in the U.S. and other parts of the world.

Some children are more prone to [food allergies](#) than others, such as those who have eczema or asthma. The tendency to be allergic also seems to run in families. Children who are severely allergic don't have to eat a certain food to have a reaction. They can have reactions to food particles in the air or on surfaces that they touch. This is why some situations require a complete ban on a specific type of food.

Not all food allergies are the same. Some are more common than others, and some lead to severe reactions like anaphylaxis while others usually do not. Learn more about specific kinds of food allergies and how to care for children who have them in this resource.



National Center on
Health, Behavioral Health, and Safety

IgE-mediated Food Allergies

IgE is an antibody that, when working properly, helps the body respond to parasites or other harmful organisms. IgE tells the body to release histamine, which causes sneezing or hives. When the body releases too much histamine, a child may experience:

- Itching
- Swelling of the mouth and throat
- Trouble breathing
- Anaphylaxis, which includes the symptoms above as well as low blood pressure and faintness/unconsciousness
- Anaphylaxis is a medical emergency. Train staff to call 911 and refer to the child's care plan.
- Other serious issues

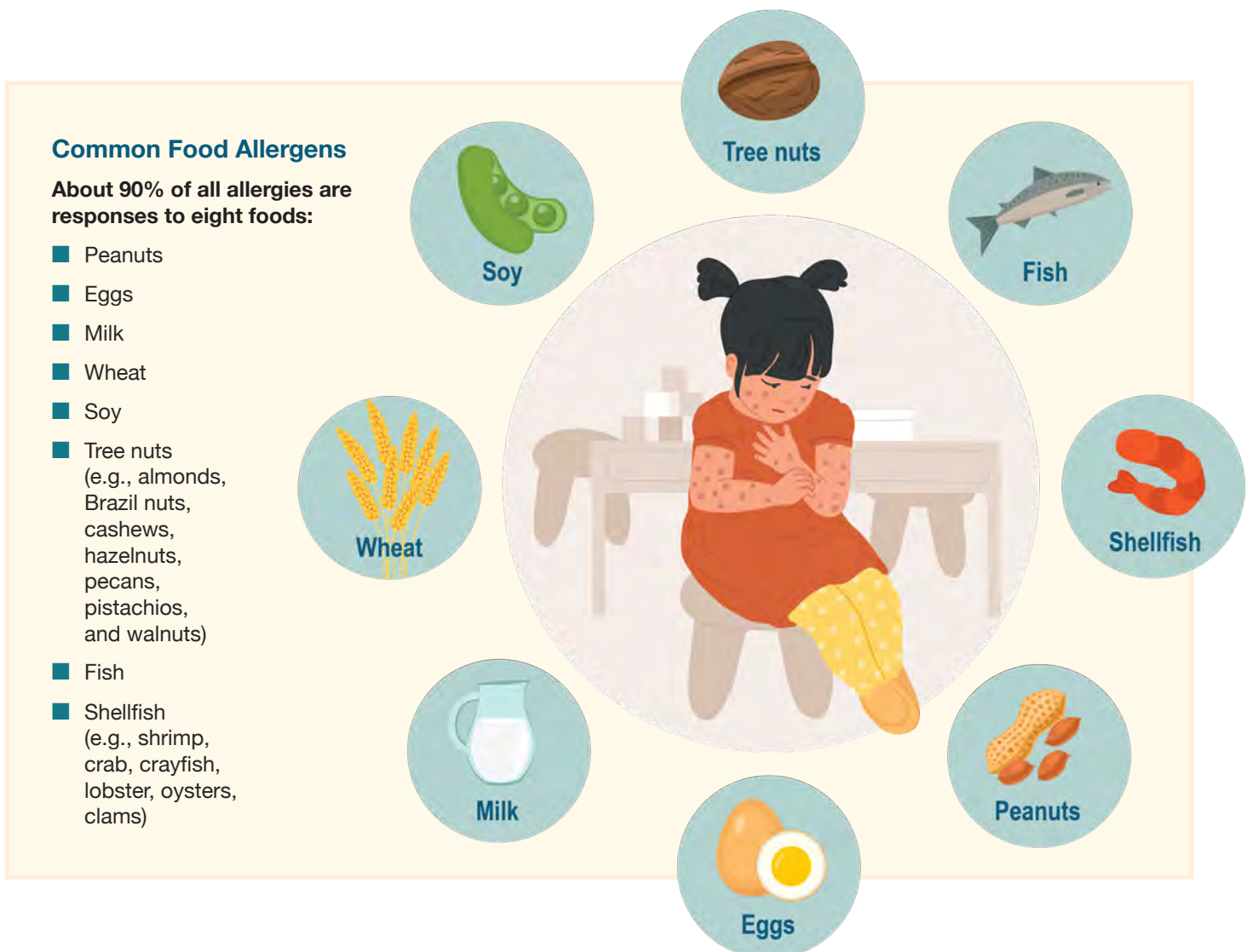
Children can react differently to the same foods on different days. The response depends on how the food was prepared, how much the child eats, or whether the child is ill or not. For example, a child who is allergic to eggs may have a runny nose one day and experience swelling of the throat and difficulty breathing on another.

Many children who are allergic to milk, eggs, soy, and wheat lose their food allergy — some by age 3 and 85% by age 10. A smaller number of children with food allergies never lose their allergy. Most often these are children with allergies to tree nuts, fish, shellfish, and peanuts.

The Truth About Nuts

Although it may be safest to have a “no nut” policy, only about 30% of children who are allergic to peanuts are allergic to tree nuts. And children who are allergic to tree nuts are often not allergic to peanuts or even all tree nuts.

Some tree nuts are closely related. Children who are allergic to walnuts are often also allergic to pecans. The same goes for pistachios and cashews. Children with tree nut allergies can usually eat sesame, sunflower, and pumpkin seeds. Typically, they can also eat macadamia and pine nuts because these are also seeds.



Other Types of Food Allergies

The allergies listed below are not common compared to IgE-mediated allergies and usually do not lead to respiratory symptoms. These are more likely to cause gastrointestinal symptoms like nausea, vomiting, diarrhea, or gassiness.

Food-protein Induced Enterocolitis Syndrome

This allergy may show up in infants when they begin to eat solid food or formula. The infants seem to have a severe “stomach bug” with projectile vomiting and, later, diarrhea. The symptoms start within a few hours of eating the solid food to which they are allergic. Food-protein Induced Enterocolitis Syndrome doesn’t usually occur when an infant is exclusively breastfed.

Oral Allergy Syndrome

Some children who have pollen allergies may also have a reaction to certain foods. Trace amounts of pollen can exist on the skin of certain fruits and vegetables. For example, a child allergic to ragweed can have allergic symptoms around the mouth and in the throat when they eat certain melons. Symptoms can include itching or tingling of the lips, tongue, and roof of the mouth or throat. There also may be hives around the mouth where the food comes into contact with the skin, swelling of the lips or tongue, and throat tightness. Very rarely, symptoms may go beyond the mouth and throat or result in anaphylaxis.

Eosinophilic Esophagitis

This is a swallowing disorder caused by allergies to food or pollen. A child with this type of allergy may have problems with swallowing, vomiting, reflux, and poor weight gain. Children with this allergy may also have asthma or eczema.

Allergic Proctocolitis

Allergic proctocolitis is an allergy to formula or breastmilk and affects infants in their first year of life. The symptoms include blood-streaked, watery, green, and mucus-filled stools; diarrhea; vomiting; anemia; or fussiness.



How Head Start Programs Address Food Allergies

Each child with a food allergy should have a care plan in place. It should be prepared for use in the Head Start program by the child’s primary health care provider, to include:

- A written list of the foods to which the child is allergic.
- Instructions for steps that need to be taken to avoid that food.
- A detailed treatment plan for addressing an allergic reaction, including the names, doses, and methods of giving any medications. The plan should include specific symptoms that would indicate the need to give one or more medications.

The child’s caregivers and teachers should receive training based on the child’s care plan, show competence in, and carry out measures for:

- Preventing exposure to the specific foods to which the child is allergic
- Recognizing the symptoms of an allergic reaction
- Treating allergic reactions

Staff who notice any symptoms associated with allergies should inform parents of the reaction. Whenever medication is given for anaphylaxis, staff should call emergency services even if the child responds well to the medication.

Programs may consider giving meal plans in advance to parents. They can also provide training for staff members to prepare and serve safe meals and snacks for students with food allergies. Consult [Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs](#) for more information on ways to make your center food-allergy safe.

Food Allergy Diagnoses, Food Intolerances, and Other Considerations



Food allergies are diagnosed by a physician or other health care worker. Consider asking for medical documentation of food allergies, including:

- Symptoms to look for
- Actions to take when symptoms appear
- Recommended medications (e.g., antihistamines or epinephrine auto-injector)
- Instructions on giving the medication

Symptoms of food allergies and intolerances often overlap. Sometimes, families believe their child has a food allergy when it's an intolerance. An intolerance means that a child has trouble digesting a particular food. Foods that commonly cause intolerances are milk, gluten, and certain dyes. Intolerances may cause vomiting or diarrhea and stomach pain, but they do not cause allergic reactions or anaphylaxis.

Caregivers should understand whether a child has an intolerance or an allergy so that staff alertness and emergency procedures can focus on children who are most at risk. Asking that families provide a list of food intolerances and preferences separately from food allergies shows that staff take their needs seriously. Openness to accommodating intolerances as well as food preferences creates trust with families and focuses emergency procedures on the children who need them.

Celiac disease is an autoimmune disease, not an allergy or an intolerance. It requires total avoidance of gluten, which is different from a food allergy or intolerance. A child with [celiac disease](#) can be seriously ill if not diagnosed and treated effectively, so specific information and training of staff is critical.

For Your Family Newsletter

Tailor the messages below to include in your program's family newsletter.

Checking for food allergies. When beginning to feed your baby solid foods, introduce one new food a week and wait to see how it affects your baby. It is best to watch for symptoms after a food change, which could include a rash, itching, swelling, redness of the skin or eyes, runny nose or sneezing, or diarrhea.

Peanuts and eggs. You don't need to avoid giving your infant eggs or infant-safe food that has peanuts. Research shows that avoiding these foods does not keep children from getting allergies. However, peanuts and peanut butter are both choking hazards and infants should not eat them.

Let us know! Keep track of what foods you have introduced to your infant, and let your child's caregiver know. Caregivers need to know what foods your infant may receive while they are in their care.

Older children can develop allergies, too. Although infants can't tell you about their allergic symptoms, older children might be able to. Here are some things that young children might say when they are allergic to a food:

- It feels like something is poking my tongue.
- My tongue/mouth is tingling/burning.
- My tongue/mouth itches.
- My tongue feels like there is hair on it.
- My mouth feels funny.
- There's a frog (something stuck) in my throat.
- My tongue feels full/heavy.
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears).
- My throat feels thick.
- It feels like a bump is on the back of my tongue/throat.



National Center on

Health, Behavioral Health, and Safety

1-888-227-5125

health@ecetta.info

<https://eclkc.ohs.acf.hhs.gov/health>