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Parent Information Guide:

Allergic Reactions in Children: A Guide for Parents

Allergic reactions happen when the body's immune system overreacts to a normally harmless substance — known as an allergen. Common triggers include certain foods (peanuts, tree nuts, milk, eggs, sesame, wheat, soya, fish, shellfish), insect stings (bee, wasp), medications (antibiotics, ibuprofen), latex, and environmental allergens (pollen, animal dander, dust mites).

Reactions vary widely — from mild itching to a life-threatening emergency called anaphylaxis. Knowing how to recognise the severity of a reaction and respond quickly can keep your child safe.

How Allergic Reactions Are Classified

Allergic reactions are usually grouped into mild, moderate, and severe (anaphylaxis) — based on which body systems are involved and how seriously they are affected. A reaction can start mild and progress rapidly, so always watch your child closely after any exposure to a known or suspected allergen.

Symptoms typically appear within minutes to two hours of exposure.

Mild Allergic Reaction

Mild reactions involve the skin or the lining of the nose, eyes, or mouth but do not affect breathing, circulation, or the gut significantly.

Symptoms

- A few hives (raised, itchy red or skin-coloured bumps), often called nettle rash or urticaria
- Itching — of the skin, mouth, lips, or ears
- Mild swelling of the lips or around the eyes
- Sneezing, runny nose, or itchy watery eyes
- A tingling sensation in the mouth
- Redness or flushing of the face



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What to Do

- Stay calm — most mild reactions settle quickly
- Remove the trigger if you can (e.g., stop the food, move away from the animal or pollen source)
- Give a non-sedating antihistamine suitable for your child's age (e.g., cetirizine or loratadine syrup) following the dose on the packet
- Observe your child closely for at least 1–2 hours for any new or worsening symptoms
- Note down what your child was exposed to, the time, and what symptoms appeared — this is useful information for your GP or allergy clinic

When to Get Advice

- Contact your GP or NHS 111 if symptoms don't settle, if reactions are recurring, or if you suspect a new allergy
- Seek a routine GP review to discuss allergy testing and an action plan

Moderate Allergic Reaction

A moderate reaction involves more widespread skin symptoms or starts to affect more than one body system, but does not yet involve the airway, breathing, or circulation.

Symptoms

- Widespread hives across the body
- More pronounced swelling of the face, lips, or eyes (angioedema)
- Tummy pain, nausea, or a single episode of vomiting
- Stuffy or very runny nose with significant discomfort
- Generalised itching that is distressing
- Mild wheeze that quickly settles without breathing difficulty

What to Do

- Remove the trigger immediately
- Give an antihistamine at the recommended dose
- Sit your child down somewhere calm and watch closely
- Do not leave your child alone — symptoms can progress
- Contact NHS 111 or your GP the same day for advice
- Be ready to call 999 if any signs of severe reaction appear (see below)
- If your child has a prescribed adrenaline auto-injector, have it within reach



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Children at Higher Risk

Be especially cautious if your child:

- Has asthma (significantly raises the risk of a severe reaction)
- Has had previous moderate or severe reactions
- Is allergic to nuts, seeds, or shellfish
- Has been exposed to a known major trigger

In these children, treat a moderate reaction as a potential warning sign and seek medical advice promptly.

Severe Allergic Reaction (Anaphylaxis)

Anaphylaxis is a medical emergency. It involves the airway, breathing, or circulation — and can be fatal without rapid treatment. It can develop within minutes of exposure but occasionally appears more slowly.

Symptoms — the "ABC" Signs

A — Airway

- Swelling of the tongue, lips, mouth, or throat
- Hoarse voice or a change in your child's cry
- Difficulty swallowing or drooling
- A tight throat or sensation of the throat closing
- Stridor — a high-pitched, harsh sound when breathing in

B — Breathing

- Sudden shortness of breath or rapid breathing
- Wheezing or persistent coughing
- Chest tightness or chest pain
- Working hard to breathe — sucking in around the ribs or neck, nasal flaring, grunting
- Blue or grey lips, tongue, or fingertips (in darker skin, check the lips, gums, and nail beds)

C — Circulation

- Pale, floppy, or limp — especially in babies and young children
- Dizziness or feeling faint
- Collapse or loss of consciousness
- Cold, clammy skin
- Rapid or weak pulse

Other Warning Signs

- A sense of impending doom, sudden severe distress, or extreme anxiety
- Confusion, drowsiness, or unresponsiveness
- Severe abdominal pain, repeated vomiting, or sudden diarrhoea following allergen exposure — particularly with insect stings or medications



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What to Do — Step by Step

1. Use the adrenaline autoinjector immediately (EpiPen, Jext, or Emerade) into the outer thigh — through clothing if needed. Do not wait to see if symptoms get worse. Adrenaline is the only treatment that reverses anaphylaxis.
2. Call 999 straight away and clearly say "anaphylaxis" (pronounced *ana-fil-axis*).
3. Position your child correctly:
 - Lie them flat with their legs raised if they feel faint or have collapsed
 - Sit them up if breathing is the main problem — but never let them stand or walk
 - Place them on their side (recovery position) if unconscious but breathing
 - For babies, hold them flat in your arms with legs slightly raised
4. Do not stand your child up or let them walk, even if they feel better — sudden standing can cause collapse and cardiac arrest.
5. Give a second adrenaline dose after 5 minutes if symptoms have not improved and a second autoinjector is available.
6. Start CPR if your child becomes unresponsive and is not breathing normally.
7. Take your child to hospital even if they recover quickly — symptoms can return hours later (a biphasic reaction), so they need observation for several hours.
8. Bring the used autoinjector(s) with you to hospital.

Important Facts Every Parent Should Know

- Antihistamines do not treat anaphylaxis. They only relieve mild symptoms such as itching and hives. Never rely on antihistamines if any airway, breathing, or circulation symptoms are present — adrenaline is the only effective treatment.
- Adrenaline is safe. If in doubt, give it. The risk of withholding adrenaline in true anaphylaxis is far greater than the risk of giving it unnecessarily.
- Past reactions don't predict future ones. A child whose previous reaction was only a rash can still develop anaphylaxis next time. Severity depends on dose, exposure, asthma control, and many other factors.
- Asthma significantly increases risk. Children with both food allergy and asthma are at greater risk of severe reactions. Keep asthma well controlled and always carry the reliever inhaler.
- Always carry two autoinjectors. Around 1 in 5 people need a second dose. Check expiry dates regularly and replace pens before they expire.
- The most common food triggers in UK children are cow's milk, egg, peanut, tree nuts, sesame, wheat, soya, fish, and shellfish. New labelling laws require allergens to be clearly identified on pre-packaged and freshly prepared foods.
- Exercise, illness, alcohol (in teenagers), and certain medications can lower the threshold for a reaction.



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Preparing for Reactions: Your Child's Allergy Action Plan

Every child with a diagnosed allergy at risk of anaphylaxis should have a written allergy action plan (such as the BSACI plans available through your allergy clinic). This document explains:

- Your child's specific allergies
- What symptoms to watch for
- Exactly when and how to give antihistamines or adrenaline
- When to call 999

Make sure copies are kept at home, school, nursery, with grandparents and carers, and with any after-school clubs. Train everyone who looks after your child — including babysitters and family members — on how to recognise reactions and use the auto-injector.

At School and Nursery

- Inform the school in writing of your child's allergies
- Provide an in-date auto-injector and a copy of the action plan
- Ask whether staff are trained in recognising anaphylaxis and using auto-injectors
- Schools in the UK can hold a spare auto-injector for use in emergencies — check yours does
- Discuss arrangements for school meals, snacks, parties, cookery lessons, and school trips
- Make sure your child knows to tell an adult immediately if they feel unwell

When to Seek Help — Quick Summary

Severity	Signs	Action
Mild	Itching, few hives, mild lip swelling, runny nose	Antihistamine, observe, contact GP/111 if not settling
Moderate	Widespread hives, facial swelling, vomiting, abdominal pain	Antihistamine, contact 111 or GP same day, watch closely, be ready with auto-injector
Severe (anaphylaxis)	Any airway, breathing, or circulation symptoms	Adrenaline auto-injector → 999 → lie flat → hospital



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Emergency Numbers (UK)

- 999 — life-threatening emergencies (say "anaphylaxis")
- 111 — urgent but non-life-threatening advice (24/7)
- GP surgery — routine concerns and ongoing allergy management

Further Support

- Anaphylaxis UK — anaphylaxis.org.uk — helpline, training, and resources for families
- Allergy UK — allergyuk.org — information on all types of allergies
- NHS — nhs.uk/conditions/anaphylaxis and nhs.uk/conditions/food-allergy
- BSACI — bsaci.org — for downloadable allergy action plans

Key Takeaways

- Allergic reactions range from mild skin symptoms to life-threatening anaphylaxis.
- Anaphylaxis affects the airway, breathing, or circulation — and always needs adrenaline and 999.
- Antihistamines are not enough for severe reactions.
- Always carry two in-date auto-injectors and a written allergy action plan.
- When in doubt, give adrenaline and call 999 — earlier is always better.
- Trust your instincts. No one knows your child better than you do.

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