WELLNESS —WORKS—

COMMON ALLERGY SYMPTOMS

- Sudden Anxiety
- Weakness
- Difficulty Breathing
- Tightness in the Chest
- Very Low Blood Pressure
- Loss of Consciousness
- Shock
- Hives, Swelling and Difficulty Speaking

REACT TO ANAPHYLAXIS

With "no-peanut-butter" rules now in force in many schools and designer medical alert jewelry generally adhering to a common standard, it should come as no surprise that anaphylaxis — or deadly allergic reaction — is on the rise.

According to the Centers for Disease Control and Prevention (CDC), food allergies have increased around 18% in the past decade. Peanut allergies in children have tripled. New species of bees and the spread of invasive bugs through travel and international importing have increased venom allergies, according to the World Allergy Organization (WAO).

More than 12 million children have respiratory allergies. The CDC reports that out of the 3.4 million children with food allergies, there are approximately 9,500 hospital visits a year. Prepare now in case your children develop allergies. And if they already have symptoms or have been diagnosed with severe allergies, know how to respond.

EARLY DETECTION

There are three main types of allergens — airborne, ingestible and contact. But the symptoms for any type of allergic reaction are similar, including sudden anxiety, weakness, difficulty breathing, tightness in the chest, very low blood pressure, loss of consciousness and shock. Hives, swelling and difficulty speaking are also early indicators of an allergic reaction. Allergies may also trigger other, less severe allergic conditions, such as a skin rash or chronic belly ache.

Some food, skin and venom allergies can be detected by having a skin test performed at the doctor's office. A tiny bit of a variety of allergens is pricked into the skin of the upper back. If a raised bump develops, the test indicates a positive allergic reaction. More often than not, an allergy remains undiagnosed until it is introduced to the child's system by chance.

Anaphylactic shock can occur within minutes, constricting the airway and causing brain damage or even death. A patient in anaphylactic shock needs immediate medical treatment. Do not hesitate to call 911. Even those with mild symptoms should see a doctor immediately, as reactions can often increase in severity from prolonged exposure to or multiple encounters with an allergen.

Follow doctor's instructions carefully for allergy treatment. Ask about a medication regimen and emergency equipment that can be kept on hand. Both you and your child should know the proper method to administer adrenaline by an epinephrine injector. Regularly check the condition and expiration date of all medications, injectors and inhalers. A doctor's note should be provided to school administrators and caregivers about any treatments your child will need to carry with him.



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WELLNESS —WORKS—

TALK TO YOUR HEALTHCARE PROVIDER

- Find out about allergy tests if you think your child might have allergies.
- Determine what treatments will work best to protect your child from deadly allergic reactions.
- Ask about ways to avoid deadly allergens.

Rational Association

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REACT TO ANAPHYLAXIS

LOWER THE RISK

Make sure children wash their hands with soap and water — not just antibacterial gels — and wash your own hands before and after handling food, cleaning supplies and live plants. Read food labels carefully, and inform school administrators and caregivers about severe allergies. To minimize the risk of allergic reactions, don't allow your child to use flowery soaps or lotions, which can attract bees, cause skin reactions and aggravate asthma. Be aware of what your child reacts to, and do not keep possible allergens in your home.

A medical alert bracelet or necklace may also be necessary for your child to wear, especially if he or she is not within your direct care. Make sure your child can correctly inform friends and caregivers of any medical conditions and treatments.

The American Academy of Pediatrics (AAP) recommends breastfeeding an infant for at least the first 6 months, followed by the gradual introduction of solid foods. Delaying the introduction of solid foods may also decrease the risk of breathing problems in infancy and the development of asthma later in adolescence.

