

Parents in dark about using epinephrine shot for kids' food allergies

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Credit: Robert Kraft/public domain

When a child has a food allergy, it's critical for pediatricians and allergists to show parents when and how to use an epinephrine auto-injector and to provide a written emergency food allergy action plan for home and school. It is essential in case of a life-threatening reaction.

But many [parents](#) don't recall their children's [doctors](#) giving them this information, according to a large new study from Northwestern Medicine and the Ann & Robert H. Lurie Children's Hospital of Chicago.

"These points need to be hammered home by the physician at every visit," said Dr. Ruchi Gupta, an associate professor in pediatrics at Northwestern University Feinberg School of Medicine and a physician at Lurie Children's Hospital. "This is potentially lifesaving information. Physicians need to make sure patients understand when and how to use [epinephrine](#) and that they have an [emergency](#) action plan."

An epinephrine auto-injector is used to treat life-threatening allergic reactions (anaphylaxis.) The written emergency action plan describes, for all potential caregivers, common symptoms of a food allergy reaction and what to do if a [child](#) has mild versus severe symptoms.

This is the first large study to assess parents' perceptions of care for a child's food allergy. It was published January 12 in the *Journal of Allergy and Clinical Immunology: In Practice*.

"There is a gap in the communication between doctors and parents in management of their children's food allergies that we need to fix," Gupta said.

Childhood food allergy is a serious and growing health problem affecting 8 percent of children in the U.S. Among the children in the study, peanut allergy was the most commonly reported food allergy, followed by milk, egg and tree nuts. About half of children with a food allergy had experienced a severe allergic reaction.

Less than 70 percent of parents recalled their allergists explaining when to use epinephrine and less than 40 percent said the same of their pediatricians. Even fewer recalled being shown how to use epinephrine or being given a written emergency action plan by their allergists and pediatricians.

Guidelines for treatment provided by the National Institute of Allergy and Infectious Diseases aren't being followed, Gupta said. While the majority of parents reported quality health care from their children's pediatricians and allergists, Gupta noted, they lacked essential guidance for managing their children's food allergies.

Not all physicians prescribe epinephrine for all [food allergy](#) diagnoses, although this is part of the treatment guidelines. In addition, research has

shown many pediatricians are not adequately trained on how to use the epinephrine auto-injectors and don't feel comfortable showing patients how to use the devices.

Physicians need to be trained in the best practice guidelines and how to communicate these guidelines to patients, the authors said. They also suggest clinicians ask parents to restate information being presented.

"Physicians have to make sure the parents can repeat back the directions," Gupta said. "Parents may not be digesting all the information given to them in a short period of time."

The study included 859 parents from the Children's Memorial Hospital Food Allergy Questionnaire who had two visits a year with their children's physicians. Parents were recruited from around the Chicago metro area and interviewed by the Northwestern research staff.

Provided by Northwestern University

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