



First-Time Food Allergy Reactions: An Analysis of Parental Perceptions of Emergency Care

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Rationale

Food allergies represent a pressing public health concern, with the prevalence of food allergies within the pediatric population is increasing with estimated prevalence rates ranging from 0.6% to 7.6%. Research on ER management of allergic reactions offers valuable insights into clinical practices and outcomes, however, a gap exists in understanding parental perceptions and experiences surrounding emergency care following first-time severe food allergy reactions. This study aimed to examine parental perspectives, emotions, and decision-making processes in managing first-time reactions. Findings may inform clinical practice guidelines, enhance parental education initiatives, and improve overall emergency care for food-allergic individuals.

RQ: What factors impact information seeking behaviors in parents of children who experienced a severe food allergic reaction and subsequent ER/ED visit?

Methods

The survey for this study was developed based on the health information model, four physician-patient models, and qualitative interviews with parents of children who had experienced severe food allergic reactions and subsequent ER admission. The survey included questions gauging parent experiences while in and after their visit to the ER/ED due to their child's severe food allergic reaction, and demographic items about both parent and child.

Quantitative survey data (n = 84) was analyzed using frequencies and Independent Samples Proportion Tests to compare the means of groups. Children were grouped into one of two groups depending on age (0-6, 7 and above). Qualitative survey data (n = 84) was analyzed using an iterative approach.

Results

Findings indicate high difference in proportion regarding **information that was provided about how to avoid allergens** (z=2.011, p=.044), **information about allergy-related groups and organizations** (z=2.469, p=.014), **information about how to read food labels** (z=3.375, p<.001), **information about biphasic reactions** (z=2.249, p=.025), and **parents' feelings of being prepared given the information they were provided at the ER/ED during their visit** (z=2.773, p=.006). This highlights that parents with children grouped as older were more likely to receive information than parents of children categorized as younger.

- Lack of resources being provided to parents during such critical events, and subsequent recurrent visits in many participants (n=41, 48.8%).
- The majority of parents indicated being satisfied with the treatment provided/offered to both parent (n=60, 71.4%) and child (n=64, 76.1%) during the visit.
- Almost two-thirds (n=50, 60.2%) of the parents indicated feeling prepared for another anaphylactic episode based on the information they were provided at their initial visit. However, those who did not feel prepared (n=33, 39.7%) emphasized the lack of information provided about allergens and cross-contact of foods, how and when to administer epinephrine, the differing nature of each reaction, and the symptoms to look for.

Results

- Most parents indicated that they felt that the medical professionals were emotionally sensitive regarding their child (n=50, 59.5%), with almost two thirds reporting they also used language that the child could understand (n=57, 67.8%).
- Many parents felt listened to, as a parent, by the medical professionals (n=66, 78.5%), however, very few were provided resources to help cope with the experience (n=79, 94.0%).

Conclusion

- Distribution of resources to parents following their child's first food-allergy-based emergency visit is critical as ER providers are in a critical position to not only provide emergency care to their patients but offer guidance for medical follow-ups, education, and access to epinephrine.
- Though emergency situations require fast decision-making and adaptation, providers should still provide parents and their children with information to reinforce patient autonomy and ensure ongoing care needs are met.

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