

# Food allergies in children

## History

- Which food ?
- State of food ingested?
- Key feature is **timing** – how long to elicit reaction?
- Does contact produce local skin reaction?

## Background

5% of children have IgE - mediated food allergy

If both food allergy and asthma are at increased risk of a severe food allergic reaction

Diagnosis in primary care depends on a detailed history

Milk , eggs ,peanuts ( if under 3 years) and tree nuts, peanuts ,fish ,shellfish ,sesame (over 3 years) are most common offenders

## Symptoms

- Urticarial rash
- Vomiting /diarrhoea
- Lip/tongue swelling
- Wheeze/stridor
- Periorbital puffiness and angioedema

## Investigations

- **Skinprick testing –must be off antihistamines 48 hours**
- **RAST specific IgE –consider sensitization as not every positive test indicates allergy – only test for implicated food**

## Cows Milk Allergy

- May have severe colic , blood in stools + constipation
- Rx – extensively hydrolysed or amino acid formula (For example: Nutramigen, Aptamil Pepti or Neocate)

## Anaphylaxis

Symptoms – stridor , wheeze , swallowing difficulty, drop in BP

• Treatment – **immediate** i/m adrenaline (need training + clear instructions)

## Indications for home adrenaline

- Prior anaphylaxis
- Exercise –induced or if also asthmatic (over step 2)
- Nut allergy

## Egg allergy

Major allergens in egg white -> lip swelling + blotchy rash  
MMR safe

## References

WWW.EAACI.NET

NICE guideline  
CG 116 2011  
[www.rcpch.ac.uk](http://www.rcpch.ac.uk)  
allergy  
IFAN  
GUIDELINES

## TAKE HOME MESSAGES

History is all important – symptoms within 2 hours

Most outgrown before 5 years  
Peanut allergy lifelong in 80%  
Food allergens can pass through in breast milk

**Suspected food allergy requires specialist and dietetics referral**

**This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.**

**Amendments following suggestions of QIP committee of the ICGP . Secondary care treatment denoted in pink**

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