

Pathway For Children with Allergy Or Suspected Allergy- Full Clinical Paediatric Guideline- Derby & Burton

Reference no.: CH CLIN G112

Introduction

To give guidance on how to identify those children who have allergy or suspected allergy. To outline the management of these children and young people.

Aim and Purpose

To outline the process and indication for referral to paediatric allergy clinic. To outline the indications for prescription of adrenaline auto injectors.

Main Body of Guidelines

Guidance on how to manage Food allergy in under 19years can be found from NICE:

[Overview | Food allergy in under 19s: assessment and diagnosis | Guidance | NICE](#)

Management of acute reactions and anaphylaxis can be found here:

[Overview | Anaphylaxis: assessment and referral after emergency treatment | Guidance | NICE](#)

[Anaphylaxis algorithm 2021.pdf \(resus.org.uk\)](#)

No investigations or allergy testing is required in the acute phase or management of an allergic reactions, except for Tryptase levels in non food triggered anaphylaxis

Children should not be subjected to blanket Specific IgE testing looking for a possible cause of their symptoms if it is not easily identifiable. Children can be referred to the paediatric allergy clinic for Skin Prick Tests +/- Specific IgE tests if this is required to help make a diagnosis.

Referrals from Children's Emergency Department/PAU

It is appropriate for the following children to have referrals made from CED in Derby/PAU in Burton to paediatric allergy clinic: (this can be done before discharge)

- All children who present with anaphylaxis
- Children who have been prescribed an adrenaline auto injector (AAI). The criteria for AAI prescription is further on in this guideline

Discharge advice and follow up

When observations are stable and the patient has shown a good response to treatment and if there were no signs of anaphylaxis, the patient may be discharged home with advice on the following:

- Regular anti histamines for up to 3 days. Seek review if symptoms persist beyond this.
- Avoid known allergen.
- Prophylactic anti histamines if known exposure is unavoidable.
- Patient information leaflets are available for many allergies including egg, milk and nut allergies. These contain further sources of information for the parents. Good quality patient information for many different food types can also be obtained from www.allergyuk.org/food-allergy-menu/food-allergy and Anaphylaxis Campaign website.

Personal management plans:

All children with known allergies should have a written personal management plan available in order to aid prompt treatment in the event of exposure to the allergen or onset of symptoms. Personal management plans for those children with IgE mediated allergy can be accessed at:

<http://www.bsaci.org/about/pag-allergy-action-plans-for-children>

Prescription of Adrenaline Auto Injectors “AAI”(eg JEXT/ Epipen)

All children who have had anaphylaxis should be prescribed AAI before discharge with training in how and when to use them.

The following guidance on other indications for AAI prescription is taken from BSACI (British society allergy and clinical immunology)

[Adrenaline-autoinjector-prescription-for-patients-at-risk-of-anaphylaxis.pdf \(bsaci.org\)](#)

Absolute indications:

- Previous anaphylaxis triggered by food, latex or aeroallergens
- Exercise-induced anaphylaxis
- Idiopathic anaphylaxis
- Co-existing unstable or moderate to severe, persistent asthma and symptoms of IgE mediated allergy
- Venom allergy in children with more than cutaneous/mucosal systemic reactions.

Relative indications :

Possible food allergy and 2 or more of following risk factors:

- Mild-to-moderate allergic reaction to peanut and/or tree nut
- Older age > 12yrs
- Patient is often/ frequently remote from medical help
- Allergic reaction to very small amounts/ traces
- Asthma

Patients fulfilling the above criteria should have an Adrenaline Auto Injector (AAI) prescribed. They should be discussed with a senior before discharge and prescription of AAI.

1. References (including any links to NICE Guidance etc.)

- **Diagnosis and assessment of food allergy in children and young people in primary care and community settings. Clinical Guidelines, CG116 – Issued February 2011. <http://guidance.nice.org.uk/CG116>**
- **Food allergy in children and young people pathway. <http://pathways.nice.org.uk/pathways/food-allergy-in-children-and-young-people>.**
- **NICE Guidance CG134: Anaphylaxis. December 2011. <http://guidance.nice.org.uk/CG134/NICEGuidance/pdf/English>**
- EAACI Food Allergy and Anaphylaxis Guidelines for consultation - 2013

2. Documentation Controls

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