

# CT Children's CLASP Guideline

## Food Allergy

### INTRODUCTION

According to the Food Allergy Research and Education network (FARE), 1 in every 13 children in the United States under age 18 have food allergies. They are less common in adults but, overall, food allergies affect nearly 15 million people in the United States.

**Common Food Allergens:** A child could be allergic to any food, but these eight common allergens account for 90% of all reactions in children: milk, eggs, peanuts, soy, wheat, tree nuts (such as walnuts and cashews), fish, shellfish.

**Food Allergy Reactions:** Food allergy reactions can vary from person to person. Some can be very mild and only involve one part of the body, like hives on the skin. Others can be more severe and involve more than one part of the body. Reactions can happen within a few minutes or up to a few hours after contact with the food. Food allergy reactions can affect the following areas of the body:

- **Skin:** itchy red bumps (hives); eczema; redness and swelling of the face or extremities; itching and swelling of the lips, tongue, or mouth (skin reactions are the most common type of reaction)
- **GI Symptoms:** abdominal pain, nausea, vomiting, or diarrhea, FPIES
- **Respiratory tract:** runny or stuffy nose, sneezing, coughing, wheezing, shortness of breath
- **Cardiovascular system:** lightheadedness or fainting

A serious allergic reaction with widespread effects on the body is known as **ANAPHYLAXIS**. This sudden, potentially life-threatening allergic reaction may involve two or more of the body areas listed above (except for cardiovascular symptoms alone.) There can be swelling of the airway, serious difficulty with breathing, a drop in blood pressure, loss of consciousness, and in some cases, even death. For additional info, [see Appendix B - AAAAI – Anaphylaxis](#).

**Food protein-induced enterocolitis syndrome (FPIES)** is gastrointestinal food hypersensitivity that manifests as profuse, repetitive vomiting, often with diarrhea, leading to dehydration and lethargy in the acute setting, or weight loss and failure to thrive in a chronic form. This disease primarily affects infants but can affect older children. For additional info, [see Appendix C – FPIES](#).

### INITIAL EVALUATION AND MANAGEMENT

- Targeted History and physical
- Assess what triggers the allergic symptoms
- Educate on food avoidance to the suspected food that caused the reaction
- For a history of anaphylactic reaction, provide Epinephrine prescription and education ([Appendix D - Anaphylaxis EpiPen](#)); if Epinephrine was prescribed in and Emergency room or elsewhere reinforce device education
- We do not recommend blood testing to food panels for patients scheduled to be seen.

### WHEN TO REFER

#### **REFERRAL TO ALLERGY CLINIC NOT NEEDED FOR CHILDREN WHO:**

- Experiences itchy mouth after eating fruit
- Has no known food causing the reaction
- Has allergic symptoms (hives/rash) that are not associated with food intake

#### **ROUTINE REFERRAL (2-6 months. See initial Management guidelines in interim)**

- Child who has experienced allergic symptoms (history of anaphylaxis, urticaria, angioedema, itch, wheezing, gastrointestinal response) associated with food ingestion.
- Child who has limited their diet based on suspected multiple food allergies
- Child with a previously diagnosed food allergy who needs follow-up
- Recent reaction with suspected peanut or tree nuts

#### **URGENT REFERRAL (Please send the child to CT Children's ER)**

- Child is having acute symptoms of anaphylaxis
- Child is having acute symptoms of FPIES (food protein-induced Enterocolitis Syndrome)

<b>HOW TO REFER</b>	<p><b>Referral to Food Allergy Clinic via CT Children’s One Call Access Center</b>  <b>Phone: 833.733.7669 Fax: 833.226.2329</b></p> <p><b>Information to be included with the referral:</b></p> <ul style="list-style-type: none"> <li>▪ Notes from the relevant initial and follow up visits</li> <li>▪ Include copies of recent lab work if done</li> </ul>
<b>WHAT TO EXPECT</b>	<p><b>What to expect from CT Children’s Visit:</b></p> <ul style="list-style-type: none"> <li>▪ History and physical</li> <li>▪ Skin testing for possible allergens</li> <li>▪ Education on food allergies</li> <li>▪ Nutritional screening and education by the registered dietician</li> <li>▪ Bloodwork as needed</li> <li>▪ Follow-up food challenges as indicated</li> </ul>

**APPENDIXES:**

	TITLE	LINK
A	American Academy of Allergy, Asthma & Immunology – Referral Guidelines for Food Allergy	<a href="http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Referral%20Guidelines/Table-8-Food-allergy.pdf">http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Referral%20Guidelines/Table-8-Food-allergy.pdf</a>
B	AAAAI - Anaphylaxis	<a href="https://www.aaaai.org/conditions-and-treatments/library/allergy-library/anaphylaxis">https://www.aaaai.org/conditions-and-treatments/library/allergy-library/anaphylaxis</a>
C	FPIES	<a href="http://www.fpies.org/images/PDF/FPIES_Overview_HealthPro_2.pdf">http://www.fpies.org/images/PDF/FPIES_Overview_HealthPro_2.pdf</a>
D	Anaphylaxis EpiPen	<a href="https://www.epipen.com/en/what-is-anaphylaxis/anaphylaxis-symptoms">https://www.epipen.com/en/what-is-anaphylaxis/anaphylaxis-symptoms</a>