Care pathway

Assessment

Initial recognition

Consider food allergy in a child or young person who:

- has one or more of the signs and symptoms in **box 1** (pay particular attention to persistent symptoms that involve different organ systems) **or**
- has had treatment for atopic eczema[1], gastro-oesophageal reflux disease or chronic gastrointestinal symptoms (including chronic constipation) but their symptoms have not responded adequately.

[1] For information about treatment for atopic eczema, see 'Atopic eczema in children' (NICE clinical guideline 57).

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History and examination

- Do not offer allergy tests without first taking an allergy-focused clinical history.
- A healthcare professional with the appropriate competencies (a GP or other healthcare professional) should take a clinical history using the questions in **box 2**.
- Based on the clinical history, physically examine the child or young person, in particular for:
  - growth and physical signs of malnutrition
  - signs indicating allergy-related comorbidities (atopic eczema, asthma and allergic rhinitis).

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When to consider referral (also see blue referral box below)

If any of the following apply, consider referral to secondary or specialist care:

- The child or young person has:
  - faltering growth with one or more gastrointestinal symptoms in **box 1**
  - had one or more acute systemic reactions or severe delayed reactions
  - significant atopic eczema where multiple or cross-reactive food allergies are suspected by the parent or carer
  - possible multiple food allergies.
- There is persisting parental suspicion of food allergy (especially where symptoms are difficult or perplexing) despite a lack of supporting history.

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Food allergy is suspected

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Information and support

Offer age-appropriate information that is relevant to the type of allergy (IgE-mediated, non-IgE-mediated or mixed). Include:

- the type of allergy suspected
- the risk of a severe allergic reaction
- any impact on other healthcare issues such as vaccination
- the diagnostic process, which may include:
  - an elimination diet followed by a possible planned rechallenge or initial food reintroduction procedure
  - skin prick tests and specific IgE antibody testing and their safety and limitations
  - referral to secondary or specialist care
- support groups and how to contact them.

Diagnosis

IgE-mediated allergy is suspected

- Offer a skin prick test and/or blood tests for specific IgE antibodies to the suspected foods and likely co-allergens. Base choice of test on:
  - the clinical history **and**
  - the suitability for, safety for, and acceptability to the child (or their parent or carer) **and**
  - the available competencies of the healthcare professional.
- Tests should only be undertaken by healthcare professionals with appropriate competencies.
- Only undertake skin prick tests where there are facilities to deal with an anaphylactic reaction.
- Interpret test results in the context of clinical history.
- Do not use atopy patch testing or oral food challenges to diagnose IgE-mediated allergy in primary care or community settings.

Non-IgE-mediated allergy is suspected

- Try eliminating the suspected allergen for 2–6 weeks, then reintroduce. Consult a dietitian with appropriate competencies about nutritional adequacies, timings and follow-up.
- Taking into account socioeconomic, cultural and religious issues, offer information on:
  - what foods and drinks to avoid
  - how to interpret food labels
  - alternative foods to eat to ensure a balanced diet
  - the duration, safety and limitations of an elimination diet
  - oral food challenge or reintroduction procedures, if appropriate, and their safety and limitations.
- If allergy to cows' milk protein is suspected, offer:
  - food avoidance advice to breastfeeding mothers
  - information on appropriate hypoallergenic formula or milk substitute to mothers of formula-fed babies.

Consult a dietitian with appropriate competencies.

Consider referral to secondary or specialist care if:

- symptoms do not respond to a single-allergen elimination diet
- the child or young person has confirmed IgE-mediated food allergy and concurrent asthma
- tests are negative but there is strong clinical suspicion of IgE-mediated food allergy.

Box 1 Signs and symptoms of possible food allergy[2]

IgE-mediated	Non-IgE-mediated
The skin	
• Pruritus • Erythema • Acute urticaria (localised or generalised) • Acute angioedema (most commonly in the lips and face, and around the eyes)	• Pruritus • Erythema • Atopic eczema
The gastrointestinal system	
• Angioedema of the lips, tongue and palate • Oral pruritus • Nausea • Colicky abdominal pain • Vomiting • Diarrhoea	• Gastro-oesophageal reflux disease • Loose or frequent stools • Blood and/or mucus in stools • Abdominal pain • Infantile colic • Food refusal or aversion • Constipation • Perianal redness • Pallor and tiredness • Faltering growth plus one or more gastrointestinal symptoms above (with or without significant atopic eczema)
The respiratory system (usually in combination with one or more of the above symptoms and signs)	
• Upper respiratory tract symptoms – nasal itching, sneezing, rhinorrhoea or congestion (with or without conjunctivitis)	
• Lower respiratory tract symptoms (cough, chest tightness, wheezing or shortness of breath)	
Other	
Signs or symptoms of anaphylaxis or other systemic allergic reactions	

[2] Note: this list is not exhaustive – the absence of these symptoms does not exclude food allergy.

Alternative diagnostic tools

Do not use the following alternative diagnostic tests in the diagnosis of food allergy:

- vega test
- applied kinesiology
- hair analysis.

Do not use serum-specific IgG testing to diagnose food allergy.

Box 2 Allergy-focused clinical history

Ask about:

- any personal history of atopic disease (asthma, eczema or allergic rhinitis)
- any individual and family history of atopic disease (asthma, eczema or allergic rhinitis) or food allergy in parents or siblings
- details of any foods that are avoided and why
- presenting symptoms and other symptoms that may be associated with food allergy (see **box 1**), including:
  - age at first onset
  - speed of onset
  - duration, severity and frequency
  - setting of reaction (for example, at school or home)
  - reproducibility of symptoms on repeated exposure
  - what food and how much exposure to it causes a reaction
- cultural and religious factors that affect the child's diet
- who has raised the concern and suspects the food allergy
- what the suspected allergen is
- the child's feeding history, including age of weaning and whether they were breastfed or formula-fed (if the child is breastfed, consider the mother's diet)
- details of previous treatment, including medication, for the presenting symptoms, and the response to this
- any response to the elimination and reintroduction of foods.