

Dear GPs,

Please note that we accept paediatric allergy referral in any of the following circumstances:

The child or young person has:

- clinical suspicion of multiple food allergies.
- faltering growth where allergic co-morbidity is contributing
- had one or more acute systemic reactions
- had one or more severe delayed reactions
- confirmed IgE-mediated food allergy **AND** concurrent asthma
- significant atopic eczema where multiple or cross-reactive food allergies are suspected by the parent or carer.
- severe, early onset eczema where early food introduction may prevent food allergy or food allergy may be contributing to the severity of eczema

Patient with the following allergy related problems can be managed in the community. please see the resources below.

- Egg allergy (unless anaphylaxis): - clinical diagnosis, do not need allergy testing, can reintroduce at home via egg ladder from 18 months
- Urticarial rashes (unless lasting > 2 months and not responding to high dose antihistamines)
- Non-IgE mediated CMPA
- Mild allergy symptoms (no airway, breathing or cardiovascular compromise) to just one food (unless on preventer for asthma)
- Contact reactions (normally to red/orange foods)

Please see the resources below which contains guidelines, care pathways and patient information.

For all other allergy concerns please refer The Royal College of Paediatric and Child Health (RCPCH) Allergy Care Pathways.

- Anaphylaxis
- Rhinitis
- Food allergy
- Eczema
- Urticaria/Mastocytosis/Angio-oedema

Early Weaning Guidance

For healthcare professional

For parents

Frimley Park Hospital guideline for management of the following:

- Cow's milk allergy
- Egg allergy
- Nut allergy
- Anaphylaxis
- Acute urticarial management

Patient information leaflets/ Resources for professionals and carers are available from:

- Allergy UK,
- British Dietetic Association BDA
- Anaphylaxis campaign
- Itchy Sneezy Wheezy

For allergy action plans click here [BSACI](#) to download one.