Frimley Health NHS Foundation Trust

Acute Urticaria Management

Key Points

- Acute urticarial is common in children
- Most cases are idiopathic with no cause identified
- If no cause is identified from the history then no investigations are necessary
- Management is with non-sedating antihistamines
- No referral is needed in acute urticaria lasting less than 6 weeks

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Related Documents

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Abbreviations

1. Background:

Urticaria – also known as hives or nettle rash – is a raised, itchy rash that can occur on just one part of the body or be spread across large areas. The weals of urticaria last less than 24 hours although patients may develop new weals on a daily basis.

If it completely clears within 6 weeks it is known as acute urticaria

Acute urticaria is relatively common in children and effects between 4.5-15% of UK children

2. History:

- Explore events a few hours or days before onset of rash
- Information regarding the rash: the frequency, timing, duration and pattern of recurrence of lesions; the number, shape, size, site and distribution of lesions
- **A specific cause is not identified in most of the cases (Idiopathic)**

An allergic cause should be suspected if episodes are rare, short-lived and occur under specific circumstances, for example:

- Only when exercising
- Always within 1-2 hours of a meal

- When symptoms involving other organs occur around the same time, such as stomach pain, vomiting, difficulty breathing or dizziness

Other causes are:

- Infections including viruses, bacteria and parasites
- Medications including antibiotics like penicillin, amoxicillin, etc.
- Contact allergy to plants, animals or latex
- Foods are infrequent causes
- Bites and stings
- Physical triggers may include pressure, cold, exercise and rarely water
- Autoimmune conditions may present with urticaria

3. Management:

- If no cause identified from the history then no investigations are needed
- Remove any identifiable cause
- Cool compresses can help
- Avoid aggravating factors
    - excessive heat or spicy foods.
    - Aspirin and other NSAIDs should also be avoided as they can worsen symptoms
- Prescribe a non-sedating antihistamine, such as **cetirizine** to be taken daily – you can give up to 4 times the standard dose
- Add in **chlorphenamine** at night if sleep is affected
- Steroid creams do not help
- Do not routinely prescribe oral prednisolone: a single dose can be tried in those not responding to high dose antihistamines

4. When to refer:

- Associated bruising or systemic features (need to exclude urticarial vasculitis or chronic urticaria as a manifestation of another disease process)
- Anaphylaxis
- Associated angioedema
- Chronic urticaria (>6 weeks)