

Parent presents with concerns about nut allergy

Is this PRIMARY IgE nut allergy?
Immediate reaction usually after 1st episode of ingesting the nut. Reactions are often systemic

YES ↓

Mild/Moderate	Severe
<ul style="list-style-type: none"> Symptoms: - Swollen lips, face or eyes - Itchy/tingling lips or mouth - Urticaria or itchy skin rash - Abdominal pain or vomiting - Sudden change in behaviour <p>WITH no progression or red signs/symptoms</p>	<p>Any evidence of severe reaction/anaphylaxis – check ABC symptoms.</p> <ul style="list-style-type: none"> - Airway - hoarse voice/cry, persistent cough, stridor, excessive drooling, difficulty swallowing, swollen tongue - Breathing – wheeze, cyanosis, breathlessness/increased work of breathing - Circulation and consciousness- pale, floppy, dizzy, unusually and profoundly sleepy, loss of consciousness, tachycardia, hypotension <p>Its rare for severe reactions to occur after cutaneous exposure</p>

Management

1. Refer to secondary care outpatients. No blood tests required prior.
2. [Give patient information leaflet](#) and an [ALLERGY ACTION PLAN](#). Exclude the identified nut and avoid introducing new nuts until clinic appointment.
3. **All patients should be prescribed an antihistamine for mild to moderate reactions.** Chlorphenamine < 1 years or Cetirizine > 1 years
4. **No AAI needed EXCEPT consider in:**
 1. Children who are allergic to high-risk allergens, for example nuts with other risk factors (such as asthma), even if the reaction was relatively mild
 2. Children who had a reaction in response to trace amounts of allergen/trigger
 3. Children who cannot easily avoid the allergen
 4. Children with significant co-factors (e.g. asthma in food allergy)
5. If prescribing AAI [click here](#). If unsure can be discussed with [Paediatric Advice Line](#).

Refer

1. If no current symptoms and child well, [start AAI](#) and refer to Paediatric outpatients. **No blood tests required prior.**
 2. [Give patient information leaflet](#) and an [ALLERGY ACTION PLAN](#). Exclude the identified nut and avoid introducing new nuts until clinic appointment.
 3. **All patients should be prescribed an antihistamine for mild to moderate reactions.** Chlorphenamine < 1 years or Cetirizine > 1 years
- If ongoing /current symptoms, give IM adrenaline and Call 999

Additional advice

PREVENTION IN CHILDREN AT HIGHER RISK OF DEVELOPING ALLERGIES (Children with eczema, asthma or other food allergies)

In siblings of children with peanut allergy, early introduction of peanut may prevent development of peanut allergy. Those higher risk of developing food allergies include babies with eczema & babies with existing food allergies.

- **In siblings of children with peanut allergy** who would like to introduce peanuts into their diet and especially those at higher risk of developing allergies, it is advised for them to cautiously introduce peanut into their diet at home as part of the BSACI early weaning guidance to prevent allergies below. This can be discussed at their allergy clinic appointment.
- There is no data on prevention of tree nut allergy.
- [Preventing food allergy in higher risk infants: guidance for healthcare professionals](#)
- [Preventing food allergy in your baby: A summary for parents](#)

NUT ALLERGY ADDITIONAL ADVICE

- Most children are Under 5 years at time of reaction
- Spontaneous resolution of peanut allergy predominantly occurs by 6 years of age and occurs at a much lower frequency after 10 years of age.
- Children under the age of 5 years shouldn't have whole nuts due to the risk of choking
- Children can continue to eat nuts to which they are not allergic to at home but should avoid all nuts in restaurants due to risk of cross contamination.
- Patients should be advised to read both the ingredients list and the PAL on any food product they intend to consume even if it has been consumed before as recipes can change.
- Patients should be made aware that foods imported from outside the EU may lack allergy labelling.

What to expect from a Paediatric Allergy Appointment

Clinical history is the cornerstone of diagnosis for allergy.

[Use the EATERS history](#)

[NICE guidelines](#)

Testing is based on the clinical symptoms and will be discussed during the appointment.

Please share the link below with parents:

[What to expect from Allergy Clinic :: Frimley HealthierTogether \(frimley-healthiertogether.nhs.uk\)](https://www.frimley-healthiertogether.nhs.uk)