HOME INTRODUCTION OF AN ALLERGENIC FOOD

INTRODUCE A NEW FOOD....

...ONLY when your child is well

...ONE at a time

...when you can OBSERVE your child for 2 hours after they eat the new food.

STOP

any ***regular antihistamine*** treatment during the introduction period

Ensure food does not touch the skin around the mouth by

- feeding directly into the mouth
- using a barrier cream (eg, Vaseline®) around the mouth

HOW TO INTRODUCE A NEW FOOD

	Day 1	Day 2	Day 3	Day 4	Day 5
Solid food (eg, well cooked scrambled egg, nut, wheat)	⅛ teaspoon	¼ teaspoon	½ teaspoon	1 teaspoon	2 teaspoons
Liquid food (eg, cow's milk)	1 mL	2.5 mL	5 mL	10 mL	20 mL

STOP giving the new food if you think your child is **having a reaction**

CONTINUE to **Double the Dose** of the new food until what is considered a **Normal Serve**

New food	☐ Well cooked scrambled egg	☐ Cow's milk ☐ Soy milk	☐ Peanut butter ☐ Sesame (tahini)	**Treenuts** ☐ Almond ☐ Walnut ☐ Cashew ☐ Pecan ☐ Pistachio ☐ Macadamia ☐ Hazelnut ☐ Brazil nut	☐ Wheat	☐ Other
Normal Serve	1 whole egg	250mL	2 teaspoons	2 teaspoons	2 Weetbix **OR** 1 slice bread **OR** ½ a cup pasta	

(*For infants < 12 months of age, an acceptable serve is half the recommended amount)

IMPORTANT TIPS

- To introduce nuts in children <5 years old, only give nuts as **pastes** or **finely crushed** and mixed into food to prevent choking
- Once an allergenic food has been successfully introduced, keep **including this food in the child's diet regularly** to maintain tolerance

IF AN ALLERGIC REACTION OCCURS

- stop giving the food
- follow your ASCIA action plan
- document what occurred
- contact your allergy specialist

The Royal Children's Hospital Melbourne

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

_____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian, including use of adrenaline if available.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector. For instructions refer to the device label or the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline injectors are given as follows:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult or noisy breathing**
- **Swelling of tongue**
- **Swelling or tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- **If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

2 GIVE ADRENALINE INJECTOR IF AVAILABLE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.