

Children's Oral Food Challenge

Patient name:
NHS no:
Hospital no:
DOB:

Food to be used for challenge:

Please bring with you on the day

Stop any antihistamine treatment four days before the challenge

So we can get a reliable result from the challenge, it is important that all antihistamine treatment is stopped for four days before the challenge, this should include medicines like Chlorphenamine (Piriton®), Cetirizine (Zirtek®, Benadryl®), Loratidine (Clarityn®), and Fexofenadine (Telfast®). Some cough medicines also contain antihistamine (e.g. Tixylix®), please check, and if you are not sure contact the Bramble Day Case Unit for advice.

Eczema creams and asthma medicines and inhalers are okay and should be continued.

My child is unwell

We will only perform the challenge if your child is well enough on the day. We won't perform a challenge if they have a tummy bug (diarrhoea and vomiting), have had a temperature in the last 24-48 hours or if they are wheezy or have had fever or uncontrolled eczema. Please contact Bramble Day Case Unit to let us know if your child is unwell so that we can rearrange the appointment.

What should I do to prepare my child for the food challenge?

Preparing your child for their visit to hospital will help them to understand what is happening and can improve your child's willingness to co-operate. Talking to your child in advance will give them time to ask any questions or voice any concerns they may have. Use familiar words that your child will understand and give truthful, factual information. Explain that your child will meet the doctors and nurses and that they

Your child has been invited to come to the Bramble Day Case Unit for a food challenge; these are performed in hospital as it is the safest way of finding out if your child reacts to a food.

There are several reasons why you may have been asked to come in for a food challenge. Your doctor or nurse will tell you why it is needed.

- **Diagnostic challenge:** This is used when it is unclear if a food is causing the reaction and the diagnosis of food allergy needs to be confirmed
- **Resolution challenge:** This is used to see if a food allergy is outgrown and the food can be tolerated and reintroduced into your child's diet.
- **Demonstration challenge:** This is for teenagers who have never been exposed or were too young to remember an allergic reaction. This will show what the initial stages of an allergic reaction feel like and will help them to learn how they respond to treatment.
- **Desensitisation:** This is when it is felt your child may be able to tolerate small amounts of baked milk or egg to try and speed up tolerance to the food.

should only have to stay in hospital for half a day (though occasionally a few hours longer). Please let your child know that they will not be able to do any sports the evening after a challenge.

On the day of the food challenge

Your child should have a light breakfast or lunch that day. We only provide milk, boiled eggs, Weetabix and peanut butter. So if your challenge is to anything else we will ask you to bring in the food to be challenged and will send a recipe or amount of food required with this information sheet. The "top dose" is a portion that a child would be expected to eat in day to day life. If your child is a fussy eater please do bring well-loved foods to disguise the taste of the challenge food, and for bribes!

When you arrive you will have the opportunity to ask questions and you will be asked to sign a consent form. We try to involve the child as fully as possible in this process. Before the food challenge is started your child will be examined and the state of their general health recorded.

Your child will be asked to eat or drink increasing measured amounts at timed intervals. Throughout the challenge a specially trained nurse will carefully monitor your child. Your child must stay on the ward during the challenge and for at least two hours after the challenge has stopped. It can last up to five hours, but can be all day if your child is unwell during the challenge.

We cannot provide a lunch on the Day Case Unit so do bring a packed lunch for when the challenge has been completed. Also, bring quiet activities to keep your child entertained.

What are the risks

Food challenges can cause an allergic reaction, most involving the eyes, nose, mouth, skin or gut. Your child will be assessed throughout the challenge and any symptoms will be monitored and treated as necessary.

Anaphylaxis is a more severe form of allergic reaction and can involve the airway, breathing or circulation. Anaphylaxis is unusual during a food challenge; however, if needed we will use

an Adrenaline auto-injector, such as an EpiPen device, to treat anaphylaxis. The nursing team will help a parent to give the adrenaline auto-injector to a younger child, and will also help an older child to do this for themselves. You will stay on the ward until your child has fully recovered. Very occasionally a child will need to stay in hospital overnight after a food challenge.

Care of your child after a food challenge

If your child REACTED, this will be discussed with you on the day, however:

If your child has reacted to the food during the challenge, they should avoid strenuous play or sport for the rest of the day, as this could bring on a delayed reaction. Normal toddler activities are okay, but try to avoid situations where they may become over excited. Very hot baths, fizzy drinks and large meals have also been connected to a return of allergy symptoms and should be avoided straight after the challenge. They should be fit for school the next day.

Before you go home you will be given an allergy action plan if you don't already have one, with clear instructions on how to treat an allergic reaction if needed. We will also contact your GP to let them know about the food challenge.

Please contact the Paediatric Assessment Unit at the Royal Devon and Exeter NHS Foundation Trust if your child has a return of allergic symptoms overnight or is not well enough to go to school the next day on **01392 404729**. Please tell them what food challenge your child has had and the full nature of the reaction.

If your child did NOT REACT:

If your child has not reacted during the challenge, they should not eat the food for another two days in case of mild delayed symptoms. Delayed symptoms after a negative food challenge are very different and much less severe than the delayed symptoms that can be experienced after a positive food challenge, which is why our advice is different.

Things that can happen include tummy pain, diarrhoea or a flare of eczema. Delayed symptoms are not very common; most children are fine if they do not react on the ward. There are no other special precautions and your child can undertake normal activities and diet.

Please contact Bramble Day Case Unit or the paediatric allergy and respiratory nurse specialists if you think that your child has experienced a delayed reaction after a negative food challenge.

After 48 hours it is important to introduce the food into your child's diet. You should aim for at least 2-3 portions each week.

We will give you personalised advice on how to continue with your child's diet on the Bramble Day Case Unit before you are discharged.

If you have any questions or concerns please contact the Children's Allergy Team at Royal Devon and Exeter NHS Foundation Trust:

- Allergy Clinic Team secretaries on:
..... **01392 406633**
- Bramble Day Case Unit: **01392 402677**
- Children's respiratory and allergy nurse specialist: **01392 402682**
- Out-of-hours, please contact senior paediatric nurse/matron on **01392 411611** and ask for senior paediatric nurse

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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