Patient Information

Royal Devon and Exeter
NHS Foundation Trust

Home food introduction to nuts
(except pine nuts)
A guide for parents and children

Nut for home introduction:

What is home food introduction?

Home food introduction is the introduction of a food that we believe your child is not allergic to into your child's diet at home.

Why are we recommending a home food introduction for your child?

We have performed allergy tests which make us believe that your child is either not allergic to, or has grown out of being allergic to, the food that we are recommending you introduce at home.

This leaflet will guide you through the home food introduction process.

When to perform the home food introduction?

- Ensure your child is well with no illness.
- Ensure that their eczema, asthma or hay-fever has not flared up.
- If your child has needed to use a salbutamol (Ventolin) or terbutaline (Bricanyl) blue inhaler in the last three days then delay the introduction.

Medications

It is important that your child is not currently taking certain medicines before you proceed.

- Antihistamines:
  1. Short acting antihistamines e.g. chlorphenamine (also known as Piriton or Allerief), alimemazine (Vallergan), promethazine (Phenergan)
  2. Long acting antihistamines e.g. cetirizine (Zirtek), loratadine (Claritin) and ketotifen

Some other over the counter medicines, such as cough mixtures and cold remedies, also contain antihistamines. If in doubt check with us or ask your pharmacist.

- Short acting antihistamines need to be stopped 48 hours before the home food introduction, and long acting antihistamines need to be stopped a week before. Again check with us or ask your pharmacist if you are not sure.

Continue to give your child any other regular medications that they are taking or applying (such as emollients and steroid creams).

Where shall I perform the home introduction of food?

Perform the home introduction in your home on a day that you have time to dedicate to your child and observe them after they have eaten the food.

Please ensure you have easy access to your child’s emergency medications, as stated on your child’s emergency plan, in case of an allergic reaction.

Start food introduction before 2pm.
How to perform the home introduction of food?

Only introduce one food at a time, and leave at least three days between each completed food challenge.

If your child refuses to eat the food do not force them. Try again another day.

The example below is for peanuts, but can be substituted for tree nuts as per your doctor’s guidance.

Before you start:

Ensure that the food does not contain or is not contaminated with any other foods that your child is allergic to.

What is cross contamination?

Cross contamination is a risk for people with a nut allergy. It occurs when a food that is nut-free or contains a nut which is tolerated comes into contact with a nut which is not tolerated (e.g. during storage, manufacturing processes or from a work surface or cooking utensils). If the contaminated food is eaten, it can cause a potentially serious reaction even if it is only trace amounts.

Examples of potential cross contamination:

- A knife used to spread peanut butter (when peanuts are tolerated) that has already been used to spread Nutella (which contains hazelnuts).
- Eating almonds from a packet of mixed nuts.
- Taking the nuts off an ice cream or marzipan off a fruit cake and eating the rest.

Challenge Doses

Lip dose

Ensure there are no rashes or areas of redness around the mouth.

- Take a little amount of the food and rub it on the inner lip. Dose should not be swallowed.

After a period of five to ten minutes, gently wipe the lips and check for any signs of an allergic reaction.

- If there are any signs of an allergic reaction, please do not proceed and administer the necessary medications.

If there are no reactions, please give your child the first dose of the food.

Further doses need to be given in the same manner using the same precautions at intervals of five to ten minutes.

Example introduction dosing with peanut butter:

can be substituted for other nuts

1g peanut butter is roughly equivalent to 1 peanut

A tablespoon roughly holds 12-14g peanut butter

Dose 1:

- Pin head portion of peanut butter OR 1/8th peanut kernel

If there are no symptoms after five to ten minutes progress to 2nd dose

Dose 2:

- ¼ teaspoon peanut butter OR 1 peanut kernel

If there are no symptoms after five to ten minutes progress to 3rd dose

Dose 3:

- ½ teaspoon butter OR 2 peanut kernel

If there is are no symptoms after five to ten minutes progress to 4th dose

Dose 4:

- 1 teaspoon peanut butter OR 5 peanut kernels

If there are no symptoms after five to ten minutes progress to 5th dose
Dose 5:
- 2 teaspoons peanut butter OR 10 peanut kernels
If there are no symptoms after five to ten minutes progress to 6th dose

Dose 6: Final dose
- 1 tablespoon peanut butter OR 12-14 peanut kernels

Tips: nuts/nut butters can be given mixed with apple sauce, crackers, yoghurts, bread etc.

General points to consider:
Now that your child is able to eat one or more nuts, whilst still carefully avoiding other nuts that they are allergic to, there are some very important issues to consider and rules to follow:
- Ensure that you child’s emergency medication is in-date and easily assessable.
- Only offer your child the nut(s) that they tolerate in your own home.
- When out of the house e.g. nursery/school/ visiting grandparents/in a restaurant/at a party, it is advisable that your child avoids all nuts due to the risk or cross contamination and confusion with different nuts.
- Only offer the nut in its pure form e.g. whole and ground nuts or nut butters, rather than in processed food, e.g. biscuit or cereal, due to the risk of cross contamination. If offered in commercial products such as confectionary it is important that you read ingredients list and the items are individual wrapped - ie not a bakery or pick and mix.

What do I do if my child has an allergic reaction to the food?

Stop giving them the food or drink

Mild to moderate allergic reaction

**SIGNS**
- Swelling (lips, face or eyes)
- Rash (Hives) or welts
- Abdominal pain or vomiting

**ACTION**
- Stay with child and call for additional help if child is worsening
- Give antihistamine (if vomited repeat the dose).
- If your child has asthma give six to ten puffs of salbutamol
- Watch for signs of anaphylaxis

Severe allergic reaction (anaphylaxis)

**SIGNS**
- Difficulty/noisy breathing
- Swelling of tongue or tightness of throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale and floppy (young children)

**ACTION**
- If you have an adrenaline auto-injector (Epipen, Jext or Anapen) then administer this immediately
- Lay child flat and raise legs if breathing is difficult, allow to sit but do not stand
- Dial 999 for an ambulance
- If your child has not improved in five to ten minutes give second adrenaline autoinjector
- If your child has asthma then also give six puffs of salbutamol using a spacer

*If you are unsure whether your child is having an allergic reaction, stop giving the food.*
If your child is unwell but it is not an emergency please contact your GP.

If your child is acutely unwell and needs urgent medical care please call 999 and have them seen in hospital.

**What to do if my child has a delayed allergic reaction to the food?**

Delayed allergic reactions usually occur at least two hours after consuming the food but can occur up to 72 hours after the food has been introduced.

Delayed reactions include worsening eczema, stomach pains, vomiting or loose stools.

If your child is having a delayed reaction, go back to the dose of the proposed food that they previously tolerated. If you are unsure please contact us.

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**Children’s Allergy service**

Following your home challenge if there are any problems, or concerns that you would like to discuss please contact the Allergy Clinical Nurse Specialists on: **01392 402682**

If you have any concerns, complaints or commendations about the children’s allergy service please contact the Patients Advice Liaison Service (PALS). Tel: **01392 402093** (Available from 9:30am - 4:30pm) Email: **rde-tr.PALS@nhs.net**