

# 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
<b>Solid food</b> (eg, well cooked scrambled egg, nut, wheat)	1/8 teaspoon	1/4 teaspoon	1/2 teaspoon	1 teaspoon	2 teaspoons
<b>Liquid food</b> (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	<input type="checkbox"/> Well cooked scrambled egg	<input type="checkbox"/> Cow's milk <input type="checkbox"/> Soy milk	<input type="checkbox"/> Peanut butter <input type="checkbox"/> Sesame (tahini)	Treenuts		<input type="checkbox"/> Wheat	<input type="checkbox"/> Other
				<input type="checkbox"/> Almond <input type="checkbox"/> Cashew <input type="checkbox"/> Pistachio <input type="checkbox"/> Hazelnut	<input type="checkbox"/> Walnut <input type="checkbox"/> Pecan <input type="checkbox"/> Macadamia <input type="checkbox"/> Brazil nut		
<b>Normal Serve</b>	1 whole egg	250mL	2 teaspoons	2 teaspoons		2 Weetbix OR 1 slice bread OR 1/2 a cup pasta	

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

## IMPORTANT TIPS

### 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

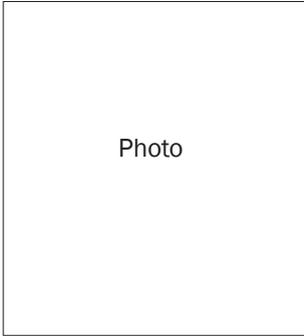
- stop giving the food
- follow your ASCIA action plan
- document what occurred
- contact your allergy specialist



The Royal Children's Hospital Melbourne

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: \_\_\_\_\_

## 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.

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](http://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