NICE quality standard for food allergy (QS118)

QS118

PULSE Nursing IN PRACTICE

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Food allergy

Introduction

The quality standard QS118 *Food allergy* covers the diagnosis, assessment and management of food allergy in children, young people and adults. Children and young people are those aged under 19.

Quality statement 1: Allergy-focused clinical history

Children and young people with suspected food allergy have an allergy-focused clinical history taken.

Healthcare professionals (such as GPs, dieticians, primary care nurses with training and skills in allergy, health visitors, emergency services staff) recognise the signs and symptoms of food allergy in children and young people and take an allergy-focused clinical history as a key step towards diagnosis.

Definitions of terms used in this quality statement

Allergy-focused clinical history

An allergy-focused clinical history should be

taken by a healthcare professional with the appropriate competencies (either a GP or other healthcare professional such as a dietician, primary care nurse or health visitor) and should be tailored to the presenting symptoms and age of the child or young person. It should include:

- what the suspected allergen is
- any personal history of atopic disease (asthma, eczema or allergic rhinitis)
- any individual and family history of atopic disease (such as asthma, eczema or allergic rhinitis) or food allergy in parents or siblings
- cultural and religious factors that affect the foods eaten
- details of any foods that are avoided and the reasons why
- who has raised the concern and suspects a food allergy
- an assessment of presenting symptoms and other symptoms that may be associated with food allergy [see recommendation 1.1.1 in the NICE guideline *Food allergy in under 19s: assessment and diagnosis* (CG116)], including questions about:
  - age when symptoms first started
  - speed of onset of symptoms after contact with the food
  - duration of symptoms
  - severity of reaction
  - frequency of occurrence
  - setting of reaction (for example, at school or home)
  - reproducibility of symptoms on repeated exposure, including whether common allergenic foods such as milk, eggs, peanuts, tree nuts, soy, wheat and seafood are usually eaten without symptoms happening
  - what food and how much exposure to it causes a reaction
- details of any previous treatment, including medication, for the presenting symptoms and the response to this
- any response to eliminating and reintroducing foods
- the child or young person's dietary history, including the age at which they were weaned and whether they were breastfed or formula-fed – if the child is currently being breastfed, consider the mother's diet.

[Adapted from Food allergy in under 19s: assessment and diagnosis (NICE guideline CG116), recommendation 1.1.3]

Quality statement 2: Diagnosing IgE-mediated food allergy

Children and young people whose allergy-focused clinical history suggests an IgE-mediated food allergy are offered skin prick or blood tests for IgE antibodies to the suspected food allergens and likely co-allergens.

The diagnosis of clinical allergy depends on the selection and performance of the appropriate test and the interpretation of the results in the context of the clinical history by a healthcare professional with training and skills in this area.

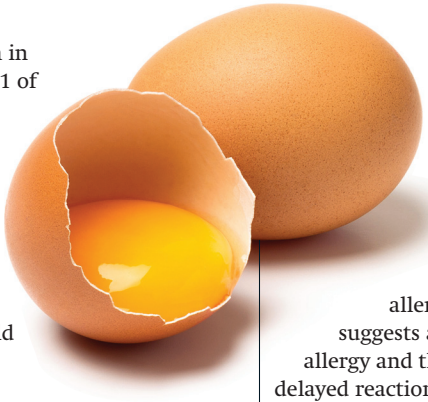
Healthcare professionals with training and skills in selecting, performing and interpreting skin prick and blood tests (such as GPs, nurses or dieticians) offer children and young people skin prick or blood tests for IgE antibodies to food allergens and co-allergens if an allergy-focused clinical history suggests an IgE-mediated food allergy. Healthcare professionals should only perform skin prick tests if there are facilities to deal with anaphylactic reactions.

Definitions of terms used in this quality statement

IgE-mediated food allergy

An allergic reaction caused by IgE antibodies that is acute and frequently has rapid onset. Signs and symptoms of IgE-mediated

food allergy are given in recommendation 1.1.1 of the NICE guideline *Food allergy in under 19s: assessment and diagnosis* (CG116).



Skin prick test and blood tests for specific IgE antibodies

Skin prick tests should only be undertaken where there are facilities to deal with an anaphylactic reaction.

[Adapted from Food allergy in under 19s: assessment and diagnosis (NICE guideline CG116), recommendation 1.1.7]

The choice between a skin prick test and a specific IgE antibody blood test should be based on:

- the results of the allergy-focused clinical history and
- whether the test is suitable for, safe for and acceptable to the child or young person (or their parent or carer) and
- the available competencies of the healthcare professional to undertake the test and interpret the results.

[Adapted from Food allergy in under 19s: assessment and diagnosis (NICE guideline CG116), recommendation 1.1.8]

Quality statement 3: Diagnosing non-IgE-mediated food allergy

Children and young people whose allergy-focused clinical history suggests a non-IgE-mediated food allergy, and who have not had a severe delayed reaction, are offered a trial elimination of the suspected allergen and subsequent reintroduction.

Healthcare professionals (such as GPs, primary care nurses, health visitors and paediatricians) offer a trial elimination of a suspected food allergen, with reintroduction after the trial, to children and young people if an allergy-focused clinical history suggests a non-IgE-mediated food allergy and they have not had a severe delayed reaction. Healthcare professionals should have a good understanding of nutritional intake, timings of elimination and reintroduction, and follow-up. Healthcare professionals offer children and young people (and their parents or carers if appropriate) information on:

- what foods and drinks to avoid
- how to interpret food labels
- alternative sources of nutrition to ensure adequate nutritional intake
- the safety and limitations of an elimination diet
- the proposed duration of the elimination diet
- when, where and how an oral food challenge or food reintroduction may be undertaken
- the safety and limitations of oral food challenge or food reintroduction.

Definitions of terms used in this quality statement

Non-IgE-mediated food allergy

This is generally characterised by delayed and non-acute reactions. Non-IgE-mediated reactions are poorly defined but are believed to be mediated by T-cells. Signs and symptoms of non-IgE-mediated food allergy are given in recommendation 1.1.1 of the NICE guideline on *Food allergy in under 19s: assessment and diagnosis* (CG116).

Trial elimination of the suspected allergen
Trial elimination of the suspected allergen would normally be for 2–6 weeks, followed by reintroduction. Advice should be sought from a dietician with specialist training, about adequate nutritional intake, timings of elimination and reintroduction, and follow-up.

[Adapted from Food allergy in under 19s: assessment and diagnosis (NICE guideline CG116), recommendation 1.1.11]

Quality statement 4: Referral to secondary or specialist care

Children and young people are referred to secondary or specialist allergy care when indicated by their allergy-focused clinical history or diagnostic testing.

Healthcare professionals (such as GPs) refer children and young people to local secondary or specialist allergy care if this is indicated by their allergy-focused clinical history or diagnostic testing.

Definitions of terms used in this quality statement

Indications for referral to secondary or specialist allergy care
Based on the allergy-focused clinical history, referral to secondary or specialist allergy care should be considered in any of the following circumstances:

- The child or young person has:
  - faltering growth in combination with one or more of the gastrointestinal symptoms described in recommendation 1.1.1 of the NICE guideline on Food allergy in under 19s: assessment and diagnosis (CG116)
  - not responded to a single-allergen elimination diet
  - had 1 or more acute systemic reactions
  - had 1 or more severe delayed reactions
  - confirmed IgE-mediated food allergy and concurrent asthma
  - significant atopic eczema where multiple or cross-reactive food allergies are suspected by the parent or carer.
- There is:
  - persisting parental suspicion of food allergy (especially in children or young people with difficult or perplexing symptoms) despite a lack of supporting history
  - strong clinical suspicion of IgE-mediated food allergy but allergy test results are negative
  - clinical suspicion of multiple food allergies.

[Food allergy in under 19s: assessment and diagnosis (NICE guideline CG116), recommendation 1.1.17]

Secondary or specialist allergy care
Children and young people for whom referral is indicated need to be seen by allergy specialists with appropriate competencies. These will include professionals working in specialist allergy services and secondary care professionals who have expertise in food allergy in children and young people.

Selecting the right allergy clinic is important because not all allergy clinics offer comprehensive services for food allergy and some see adults or children only. Details of local allergy services are available from the British Society for Allergy and Clinical Immunology or from NHS Choices.

Resources

The NICE quality standard for QS118 *Food allergy* is based on CG116.

It should be read in conjunction with QS97, QS44 and QS25.

To implement the quality standard for QS118 *Food allergy* please refer to the full standard on the NICE website https://www.nice.org.uk/guidance/qs118.

Allergy Education

UNDERSTANDING ALLERGY

An overview of allergy and allergy identification and management

ASTHMA
Understand the importance of identifying and managing allergy in your asthma patients

EXPERT OPINIONS
Learn from the experts: short presentations from key experts in allergic disease

FOOD ALLERGY
Learn about identifying and managing food allergy

CLINICAL TOOLKIT
Resources to aid in the identification and management of allergy

RHINITIS
Learn about identifying and managing rhinitis

CPD
Build your CPD: RCGP and RCN accredited CPD modules

Visit our website:
AllergyEducation.co.uk

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