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Name of protocol: Food challenges for patients with symptoms of type I allergy

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Signed:

Date:

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Food challenges for patients with symptoms of type I allergy

Patient selection

- Prior to booking all patients should be discussed with a consultant.
- Onset of symptoms must be within 4 hours of food ingestion.
- There needs to be a clear aim that a challenge will change management i.e. patient will eat food to be challenged to if challenge negative, and it should be a food important to diet or a food that a patient finds particularly difficult to avoid.
- In general patients should have negative RASTs / skin prick tests and challenge should be to confirm these negative results.
- Challenge may also be considered in patients with positive skin prick tests / RAST results where these results do not fit clinical history.

Exclusion criteria

- uncontrolled medical conditions e.g. hypertension, angina, thyroid disease
- acute illness e.g. viral illness
- asthma with an FEV₁ less than 75% of predicted
- convincing history of acute anaphylaxis to test foods
- drugs which may interfere with the treatment of anaphylaxis e.g. beta-blockers, tricyclic antidepressants
- pregnancy

Consent and patient information

- Information sheet to be given at clinic
- Information sheet will inform patients that confirmation of their intention to attend their appointment will be required between 1 and 3 weeks prior to appointment date. Failure to confirm the appointment will result in cancellation. It should also ask patients to inform secretaries of change of address, etc
- Consent form to be completed on morning of challenge by consultant or SpR supervising challenge

Home / Hospital

All challenges on patients with type I symptoms should be performed in hospital.

Degree of supervision

1 nurse / 1 doctor to be present in unit throughout challenge.

Consultant to be present at beginning of challenge i.e. no challenges to be booked when no consultant cover.

Protocol (see attached sheet)

No need for cannulation on routine basis.

Skin prick test to fresh food (if not previously carried out). If positive do not proceed further.

Increments to be given at 15-minute intervals.

1st stage - food on lip

Thereafter doses of 1% of total to be given followed by 4%, 10%, 20 %, 20%, 25%

Total dose should be equivalent of a single portion of food e.g. an egg

Patients should remain under observation for 2 hours after the last dose of food is given

Prior to discharge the patients BP, PEFr and any symptoms they may have should be recorded. If they are asymptomatic and observations are satisfactory, they may be discharged by the supervising doctor.

Consider need for epipen and / or medic alert as appropriate.

Precautions

Ensure the following are available and ready to use.

1. Adrenaline 1:1000, 1ml, hydrocortisone sodium succinate 200mg and intravenous chlorpheniramine. Expiry dates should be checked prior to commencing challenge.
2. Venflons, butterflies, needles (21g, 23g) and syringes 2ml, 5ml.

3. Access to resuscitation equipment including oxygen and suction is appropriate.

Record Keeping

All sections of the protocol sheet should be recorded which should be filed in the patient's notes (not in the inside back cover).

Any symptoms should be recorded. If insufficient space is available on the protocol sheet these should be written in the medical notes. Any treatment / interventions also need to be documented.

The results of the challenge should be transcribed into the patient's notes along with a summary of the challenge and any adverse events.