

LRI Children's Hospital

Food and Drug Challenge UHL Childrens Nursing Guideline.

Staff relevant to:	Nurses within the Children's Day Care Unit undertaking food and drug challenges with children.
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1. Introduction and Who Guideline applies to

To provide guidance for qualified nurses within the Children's Day Care Unit undertaking food and drug challenges with children.

This guideline applies to qualified nursing staff within the Children's Day Care Unit, specialist nurses from the Children's Allergy team and nursing students under the supervision of Children's Day Care nurses or specialist nurses. Most patients will be known to the Leicester Children's Allergy Service although some may be direct referrals from GPs to the allergy service requiring drug challenges e.g. antibiotic challenges.

Related Documents:

This guideline needs to be used in conjunction with relevant infection control and consent policies to ensure the child receives safe care and children and families are able to understand the reasons for care to facilitate co-operation.

[Anaphylaxis UHL Paediatric Emergency Department Guideline](#) Trust ref: B18/2019
[Basic Life Support or Choking UHL Childrens Hospital Guideline](#) Trust ref: C2/2016
Resus.org.uk/2021-resuscitation-guidelines

Guideline Standards and Procedures

Allergic reactions may occur at any point during the challenge procedure. All nursing staff caring for challenge patients must understand types and severity of allergic reactions and appropriate treatment.

Resources:

- Access to oxygen and suction
- Equipment to record vital signs and weigh child
- Food or medicine for challenge and appropriate equipment/utensils to administer including appropriate food storage e.g. refrigerator
- Prescription for and access to emergency medication

Play staff should be utilised as appropriate for preparation and distraction.

2. Procedure/Process for food and drug challenges	
No.	Action
2.1	<p>Undertake nursing admission and baseline recording of vital signs and weight.</p> <ul style="list-style-type: none">• Check skin integrity for any rashes and presence of eczema.• Peak flow measurement may be required. <p>Ensure child is clerked and consented by a member of the allergy medical team including a written prescription of emergency drugs.</p>
2.2	<p>Cannulate child if required as per UHL policy ensuring appropriate local anaesthetic and preparation/distraction.</p> <p>Only those children deemed to be high risk need to have a cannula inserted i.e. where there is definite history of previous reaction or a reaction is expected.</p> <p>All children admitted for food protein-induced enterocolitis syndrome (FPIES) challenges should be cannulated</p>

2. Procedure/Process for food and drug challenges	
2.3	<p>Utilise an individual challenge plan for the child as per medical guideline.</p> <ul style="list-style-type: none"> • Standardised food challenge plans can be found in 'Food Challenges for Children. A Practical Guide'. • Guidance can be found in the above guide for FPIES specific food challenges. Please check for any specific information supplied by the child's dietitian. <p>Dietitian specific plans will be supplied by the allergy dietitians.</p>
2.4	<p>Administer challenge as per protocol ensuring :</p> <ul style="list-style-type: none"> • Hand washing before each food or drug administration • Challenge product is covered and stored appropriately between doses • Observations are recorded before each dose. • Ensure the child's behaviour is also documented as a change in this may indicate a reaction. This is particularly important for young children or special needs children. <p>Continue challenge as long as child remains stable and free from symptoms.</p> <ul style="list-style-type: none"> • If a reaction occurs, stop challenge and initiate emergency treatment as needed. • Contact medical staff.
2.5	<p>Ensure parents and child (where appropriate) are aware of results of challenge and the implications for on-going management prior to discharge:</p> <ul style="list-style-type: none"> • Where appropriate, ensure that the family have the correct advice and written information to continue ingestion/progress of the challenged food. <p>Ensure that parents have post challenge advice sheet and contact details regardless of the challenge outcome.</p>

3. Education and Training

- New staff to the area should be supported whilst initially starting to perform food and drug challenges.
- They should be aware of all types of allergic reactions and their emergency management. This may be facilitated through attendance and orientation in the allergy clinic or attendance at any anaphylaxis training session.
- Yearly anaphylaxis training to include the correct use of adrenaline auto injectors and Emergency Action Plans
- LCAT assessment to ensure safety and high standards of those conducting food and/or drug challenges.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Appropriately trained staff members conduct admission observations and monitor/treat adverse reactions.	Audit of patient records/individual challenge records Including vital signs and observation of child's behaviour. LCAT assessment for food challenges to be completed with all newly appointed qualified nursing staff.	Leicester Children's Allergy Service medical team Allergy Specialist Nurse	Yearly	Children's Allergy Specialist Nurse
Recognition of allergic reactions and anaphylaxis	Anaphylaxis training	Allergy Specialist Nurse	Yearly	Children's Allergy Specialist Nurse

5. Supporting References

Ball H, Luyt D (2019) Food Challenges for Children A Practical Guide Leicester Children's Hospital Allergy Service

Vlieg-Boestra BJ et al (2008) Should children with a history of anaphylaxis to foods undergo challenge testing? Clinical and Experimental Allergy 38 1935-1942

Bendslev-Jensen C, et al (2004) Standardization of challenges in patients with immediate reactions to foods – position paper from the European Academy of Allergology and Clinical Immunology. Allergy 2004; 39: 690-697.

Novac-Wegrzyn A et al (2017) International consensus guidelines for the diagnosis and management of food protein- induced enterocolitis syndrome: Executive summary-Workgroup Report of the Adverse Reactions to Foods Committee, American Academy of Allergy, Asthma & Immunology. Journal of Clinical Immunology 2017; 139:1111-26

6. Key Words

Allergy, Anaphylaxis, Food/Drug Challenges, FPIES

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details	
Guideline Lead (Name and Title) Kerrie Kirk Specialist Nurse	Executive Lead Chief Nurse
Details of Changes made during review: Related documents and references updated Added LCAT requirement to education & training Format update Yearly anaphylaxis training to include adrenaline auto injectors and Emergency Action Plans FPIES specific guidance relating to challenge plans and cannulation including supporting reference. Recent change to anaphylaxis guideline management by Resus Council 2021 noted	