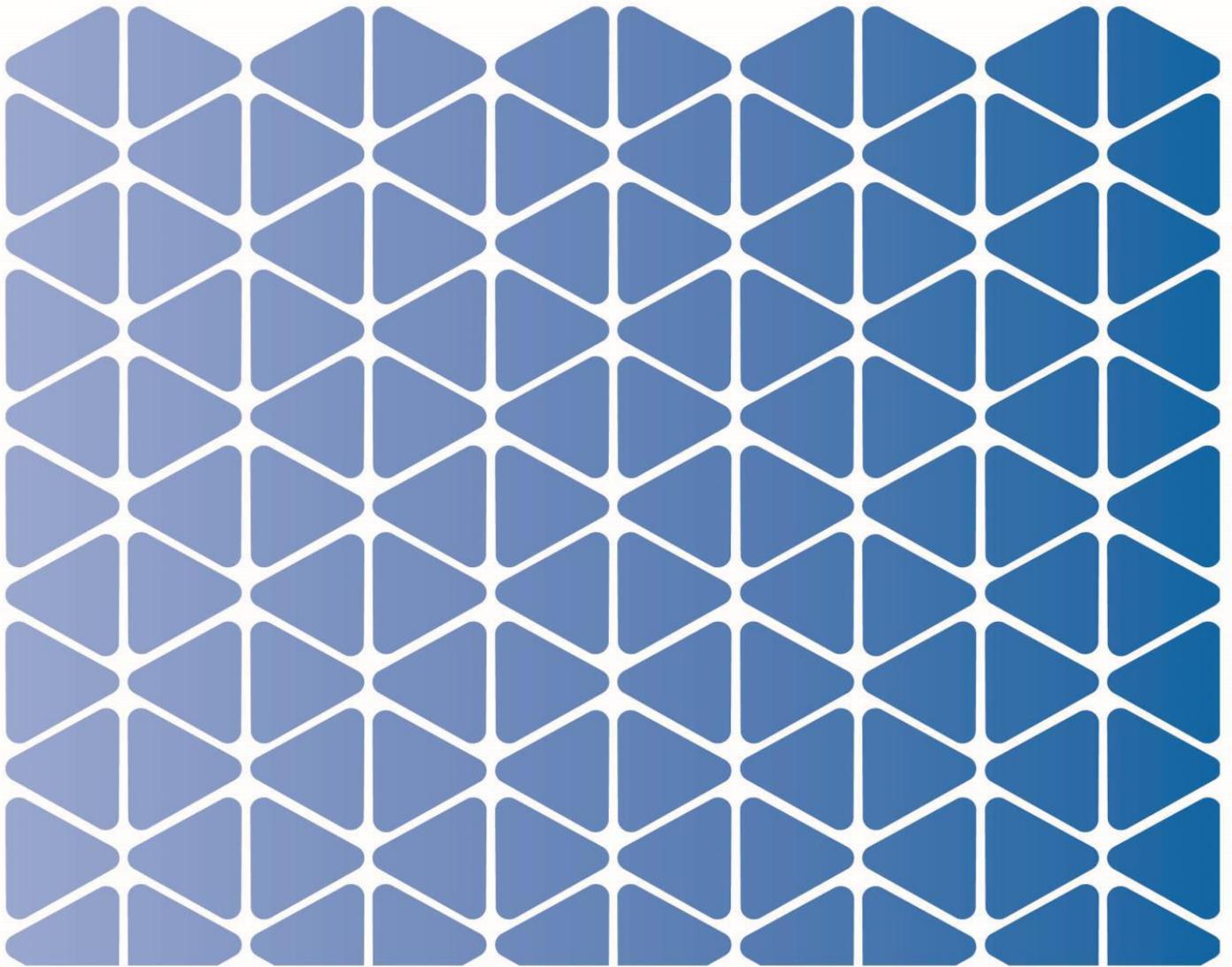




PATIENT INFORMATION

ORAL FOOD CHALLENGE



It has been recommended that your child has an oral food challenge test.

This leaflet explains some of the benefits, risks and alternatives to the procedure in more detail. You should have previously received an information leaflet on Oral Food Challenges in allergy clinic or when your oral food challenge appointment was made.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree for your child to have the procedure by signing a consent form, which is attached to this document.

Benefits of the procedure

This procedure is used to try and exclude an allergy to a food. It is used when we suspect food allergy not to be the cause of symptoms or when we think an existing food allergy has been outgrown. An oral food challenge is the gold standard test for diagnosing food allergy

Serious or frequent risks

Mild to moderate skin reactions such as: flushing, urticaria ('hives'), angioedema (deep tissue swelling often occurring in the lips or around the eyes), rhinitis (runny or blocked nose or sneezing) and gastro intestinal complaints (tummy pain, diarrhoea, nausea and vomiting) are common with allergic reactions. These are usually treated with an oral antihistamine. If your child is given antihistamine then your child will be observed for two hours after the dose has been given and until all symptoms have resolved.

Anaphylaxis is the medical term given for a severe allergic reaction. This involves a rapid deterioration in your child's airway, breathing or conscious level. We screen out the patients we believe might be at risk of an anaphylactic reaction and although severe allergic reactions are very rare, this type of reaction is still possible in all patients undergoing an oral food challenge. It is treated with intramuscular adrenaline given in the leg. Most patients respond very well to one dose but occasionally some patients need a second. If adrenaline is given then your child will need to be observed for a minimum of 6 hours. Some children will be treated with a salbutamol nebuliser.

Children with eczema may develop a flare of disease a few days afterwards, if the allergen stimulates it, but most children with eczema are fine.

Your child will be cared for by a skilled team of doctors, nurses and other healthcare workers who are involved in this type procedure frequently. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures which are available

There are no other procedures available to challenge patients against the purported allergen. We make an assessment before the challenge based on clinical information and possibly skin prick testing and /or RAST testing. This test is to prove the absence of allergy in a controlled setting.

Your child's admission to the ward

Your child will be admitted to a day case bed in the Children's Clinic at Worcester Royal Hospital. We will check your child's details and fasten an armband containing their hospital information to his or her wrist.

We will do a full physical examination before the food challenge starts and in most cases a further Skin Prick Test (SPT).

We have nurses who can explain things to your child and encourage them to talk through play and appropriate communication if required.

During the procedure

Your child will be awake all the time. We will check your child for signs of an allergic reaction at regular intervals, and before every food dose is given. We will do this by doing some observations using a monitor, checking their skin and listening to their chest with a stethoscope. We will also ask your child how s/he feels and if s/he has any itching, tingling or rash. If your child is very young we will ask the accompanying adult.

After the procedure

We will ask your child to stay in Childrens Clinic for two hours after the last challenge dose has been given. The nurses will continue to check observations. Your child will then be allowed home. Very occasionally a reaction can occur between 2 and 24 hours after the challenge but this is exceptionally rare.

Length of stay

How long your child will be in hospital varies from patient to patient and depends on how quickly we complete your child's procedure. Most children having this type of procedure will be in Childrens Clinic for half a day. If your child requires treatment for an allergic reaction then they will be discharged once their symptoms have resolved and they are well.

Your child will stay overnight on the children's ward if they have had a reaction requiring adrenaline and need further observation and management.

Outpatient appointments

No follow-up is arranged after a negative challenge unless there are other allergies requiring management. This appointment will usually already be arranged. In some cases we may ask your GP to refer your child back to our allergy service if we agree we will not change any allergy management for a few years.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following:

- Childrens Clinic , Worcestershire Royal Hospital (01905 733957
- The allergy team: Mobile number – 07564 848463
Email address – wah-tr.paediatricallergy@nhs.net

Other information

The following internet websites contain information that you may find useful:

- www.worcsacute.nhs.uk

Information about Worcestershire Acute Hospitals NHS Trust

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.