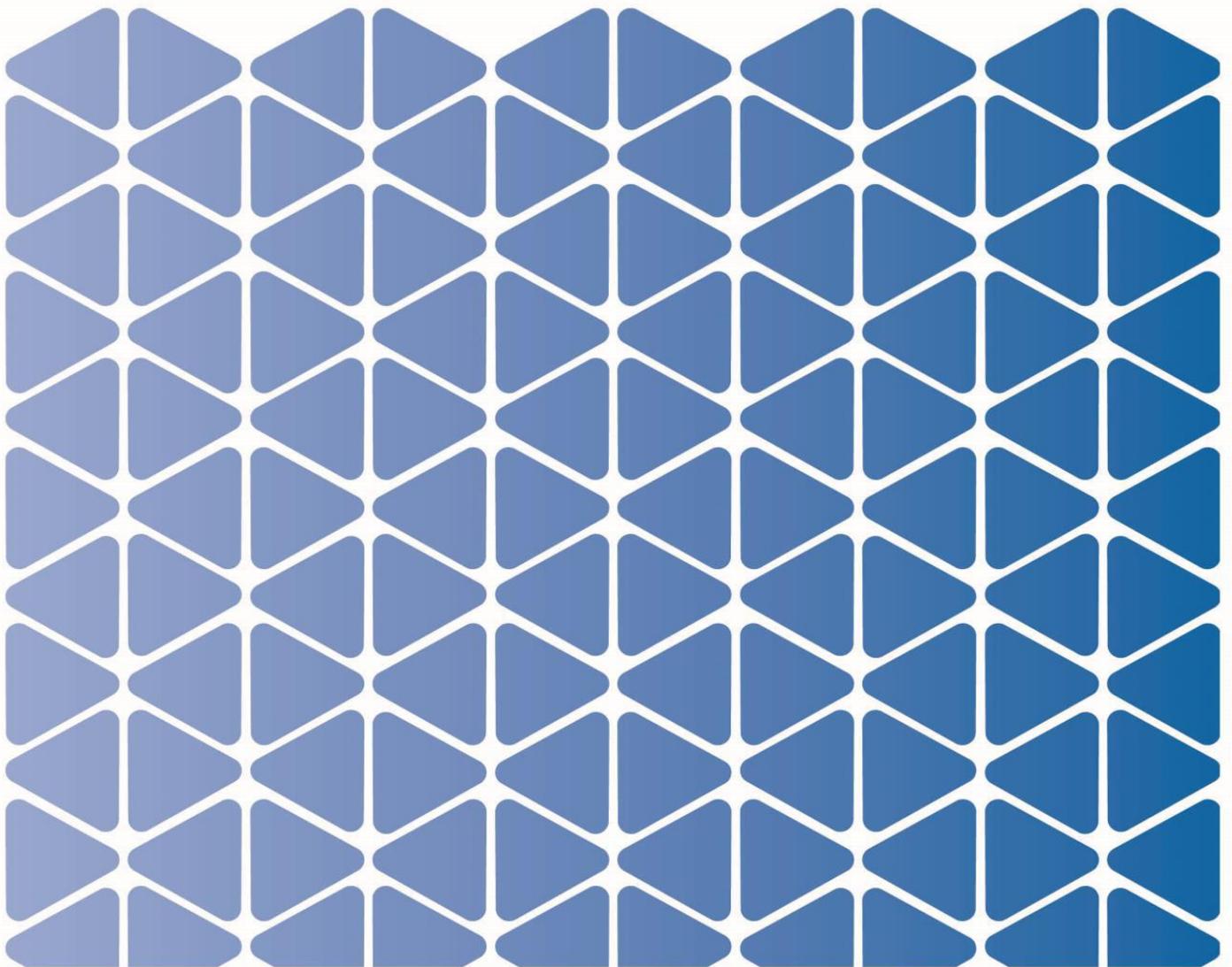




PATIENT INFORMATION

**DISCHARGE ADVICE FOLLOWING A  
NEGATIVE ORAL FOOD CHALLENGE  
OR SUPERVISED FEED**



## **Discharge advice following a negative Oral Food Challenge or Supervised Feed**

A 'negative' food challenge means that your child did not show any symptoms of an allergy during the challenge or observation period. Most allergic reactions occur immediately after eating the challenge food or within two hours after eating it.

Your child should have a restful afternoon where you can continue to observe them. Very occasionally, 'late phase' reactions can occur but this is very unlikely.

Late phase reactions requiring urgent medical attention. Dial 999 asking for an ambulance and say 'Anaphylaxis':

- Difficulty in breathing – wheezing, constant coughing, noisy breathing, laboured breathing
- Change in consciousness level – fainting, floppy, unconscious

*If your child has these symptoms and you have an Adrenaline Auto Injector then please administer it and call 999.*

If your child develops mild/moderate late phase reactions including hives, itchy skin, runny nose, swollen itchy eyes, vomiting or diarrhoea, then administer a dose of cetirizine (antihistamine) and contact the allergy team.

Cetirizine doses:

Ages 1-2 – 2.5mg (2.5mls)

Ages 2-6 – 5mg (5mls)

Ages 6+ - 10mg (10mls)

If symptoms are persisting or your child is unwell in other ways, you also have open access to Riverbank Children's Ward (ground floor of Worcester Royal Hospital) for 24 hours following the food challenge. This means you can speak to a nurse or doctor for an assessment. Riverbank Ward telephone number is: 01905 760588.

### **Allergy Action Plans and rescue medication**

If your child has other food allergies then you still need to carry rescue medication and their Allergy Action Plan. This should have been amended at your challenge. Please get in touch with the allergy team if you have any queries about this.

### **Introducing the challenge food into your child's diet**

Your child should now consume their challenge food into their diet.

## Special Considerations

*If your child has had any of the challenges below:*

**Baked Milk:** You should introduce baked milk slowly over the next two weeks. Some children experience and transient diarrhoea whilst they adjust to new levels of lactose in their gut. After a couple of weeks these symptoms should resolve.

**Baked Egg:** If your child had a negative baked egg (cake/muffin) challenge then they should consume baked egg two to three times a week. This may help them build up tolerance to other forms of egg, faster.

Types of baked egg to include in your child's diet includes: shop bought cakes (avoid royal icing), homemade cakes, sponges and biscuits. You should continue to avoid lighter forms of cooked egg (homemade pancakes, fried egg, quiches, scrambled egg etc.) until your allergy doctor or nurse recommends it.

**Peanut, Tree nuts and Seeds:** Your child should continue to eat the nut or seed that they had a negative challenge to. This could be in the form of nut butters, powders, mixed in biscuits or porridge or whole. It does not have to be large quantities but total avoidance following a negative challenge is not advisable as there have been cases of nut allergy recurring in children who continue to avoid nuts.

Your child should continue to avoid other nuts which they are presumed allergic to and for which they have not completed a food challenge which was negative.

### **Allergy Team Contact information:**

Allergy Nurse Mobile: 07564 848463 (please leave a message if no answer)

Allergy Team Email: [wah-tr.paediatricallergy@nhs.net](mailto:wah-tr.paediatricallergy@nhs.net)

Children's clinic: 01905 733477

**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](mailto: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.