

Guide for introducing foods to children for families concerned about allergy

Giving your child common allergy-causing foods regularly, starting before they are one year of age but not before four months, may help reduce your child's chance of developing an allergy.

Some families may be worried that their child could have an allergic reaction when they start to eat common allergenic foods such as peanut butter. Allergy testing is not routinely recommended before giving foods for the first time.

There is no one right way to start feeding your child new foods for the first time, however the steps below have been shown to be a safe way to start giving peanut butter and other foods to children at high risk of allergy. You can use this process to introduce common allergenic foods including smooth nut pastes, cooked egg, cow's milk, wheat, fish and soy, or any food you may be worried about.

Steps for starting allergenic foods for the first time:

1. Rub a small amount of food on the inside of your child's lower lip (not on their skin), and wait 10 minutes.
2. If there are no signs of allergic reaction after Step 1, feed your child $\frac{1}{4}$ teaspoon of the food (as a spread or mixed into other food the child has eaten before) and wait 15 minutes.
3. If there are no signs of allergic reaction, give $\frac{1}{2}$ teaspoon of the food to your child and watch for a further 30 minutes.
4. If there are no signs of allergic reaction after the third step, you can gradually increase the amount you give them next time. Keep the food in your baby's diet regularly, at least weekly, to reduce the risk of them developing an allergy in the future. This is especially important for peanut and egg.

If there are signs of allergic reaction at any step, stop feeding that particular food to your child and seek medical advice. An allergic reaction should be treated by following the ASCIA Action Plan on page 2.

Suggestions for introducing common allergenic foods:

Peanut and other nuts – smooth nut butter mixed into food your child usually eats or as a spread on bread or cracker.

Egg – well-cooked egg mixed into your child's usual food.

Cow's milk – yoghurt, milk added to breakfast.

Wheat – wheat-based breakfast cereal, semolina, cous cous.

Soy – tofu mixed into food, soy flour in bread, soy yoghurt, soy milk added to breakfast.

Fish – fresh cooked or canned fish pureed or mashed and mixed into your child's usual food.

If you have any questions about infant feeding and allergy prevention please contact your GP, visit www.preventallergies.org.au or email the PCH Immunology Department at paediatric.immunology@health.wa.gov.au



Government of Western Australia
Child and Adolescent Health Service



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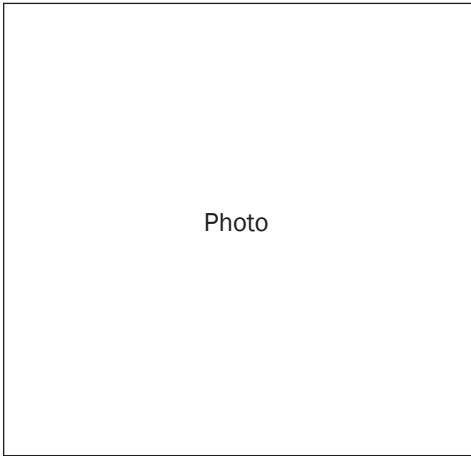
This document can be made available in alternative formats on request for a person with a disability.

Disclaimer: This publication is for general education and information purposes. Contact a qualified healthcare professional for any medical advice needed.

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Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

Date: _____

Action Plan due for review – date:

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 10-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position

- If breathing is difficult allow them to sit



2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.