

Home food introduction to nuts A guide for parents and children

Nut for home introduction:

What is home food introduction?

Home food introduction is the introduction of a food that we believe your child is **not** allergic to into your child's diet at home.

Why are we recommending a home food introduction for your child?

We have performed allergy tests which make us believe that your child is either not allergic to, or has grown out of being allergic to, the food that we are recommending you introduce at home.

This leaflet will guide you through the home food introduction process.

When to perform the home food introduction?

- Ensure your child is well with no illness.
- Ensure that their eczema, asthma or hay-fever has not flared up.
- If your child has needed to use a salbutamol (Ventolin) or terbutaline (Bricanyl) blue inhaler in the last three days then delay the introduction until their acute wheezing episode has settled.

Medications

It is important that your child is not currently taking certain medicines before you proceed.

- Antihistamines:
 1. Short acting antihistamines e.g. chlorphenamine (also known as Piriton or Allerief), alimemazine (Vallergan), promethazine (Phenergan)
 2. Long acting antihistamines e.g. cetirizine (Zirtek), loratadine (Claritin) and fexofenadine (Telfast)

Some other over the counter medicines, such as cough mixtures and cold remedies, also contain antihistamines. If in doubt check with us or ask your pharmacist.

- Short acting antihistamines need to be stopped **48 hours** before the home food introduction, and long acting antihistamines need to be stopped **five days** before. Again check with us or ask your pharmacist if you are not sure.

Continue to give your child any other regular medications that they are taking or applying (such as emollients and steroid creams and inhalers).

Where shall I perform the home introduction of food?

Perform the home introduction in your home on a day that you have time to dedicate to your child and observe them after they have eaten the food.

Please ensure you have easy access to your child's emergency medications, as stated on your child's emergency plan, in case of an allergic reaction.

Start food introduction before 2pm.

How to perform the home introduction of food?

Only introduce one food at a time, and leave at least three days between each completed food challenge

If your child refuses to eat the food do not force them. Try again another day.

What is cross contamination?

Cross contamination is a risk for people with a nut allergy.

It occurs when a food that is nut-free or contains a nut which is tolerated comes into contact with a nut which is not tolerated (e.g. during storage, manufacturing processes or from a work surface or cooking utensils). If the contaminated food is eaten, it can cause a potentially serious reaction even if it is only trace amounts.

Examples of potential cross contamination

- A knife used to spread peanut butter (when peanuts are tolerated) that has already been used to spread Nutella (which contains hazelnuts).
- Eating almonds from a packet of mixed nuts.
- Taking the nuts off an ice cream or marzipan off a fruit cake and eating the rest.

The example below is for peanuts, but can be substituted for any recommended tree nuts as per your doctors guidance.

Before you start:

Ensure that the food does not contain or is not contaminated with any other foods that your child is allergic to.

Challenge Doses

Lip dose

Ensure there are no rashes or areas of redness around the mouth.

- Take a little amount of the food and rub it on the inner lip. Not the top or outer lip as it may cause a false positive red rash which can be common in children with fragile skin
- After a period of ten to fifteen minutes, check for any signs of an allergic reaction.
- If there are any signs of an allergic reaction, please do not proceed and administer the necessary medications.

If there are no reactions, please give your child the first dose of the food.

Example introduction dosing with peanut butter:
can be substituted for other tree nuts

1g peanut butter is roughly equivalent to 1 peanut

A tablespoon roughly holds 12-14g peanut butter

Dose 1:

- Pin head portion of peanut butter OR 1/8th peanut kernel

If there are no symptoms after ten to fifteen minutes progress to 2nd dose

Dose 2:

- ¼ teaspoon peanut butter OR 1 peanut kernel

If there are no symptoms after ten to fifteen minutes progress to 3rd dose

Dose 3:

- ½ teaspoon butter OR 2 peanut kernel

If there are no symptoms after ten to fifteen minutes progress to 4th dose

Dose 4:

- 1 teaspoon peanut butter OR 5 peanut kernels

If there are no symptoms after ten to fifteen minutes progress to 5th dose

Dose 5:

- 2 teaspoons peanut butter OR 10 peanut kernels

If there are no symptoms after ten to fifteen minutes progress to 6th dose

Dose 6: Final dose

- 1 tablespoon peanut butter OR 12-14 peanut kernels

Tips: peanut and tree nuts/nut butters can be given mixed with apple sauce, crackers, yoghurts, bread etc.

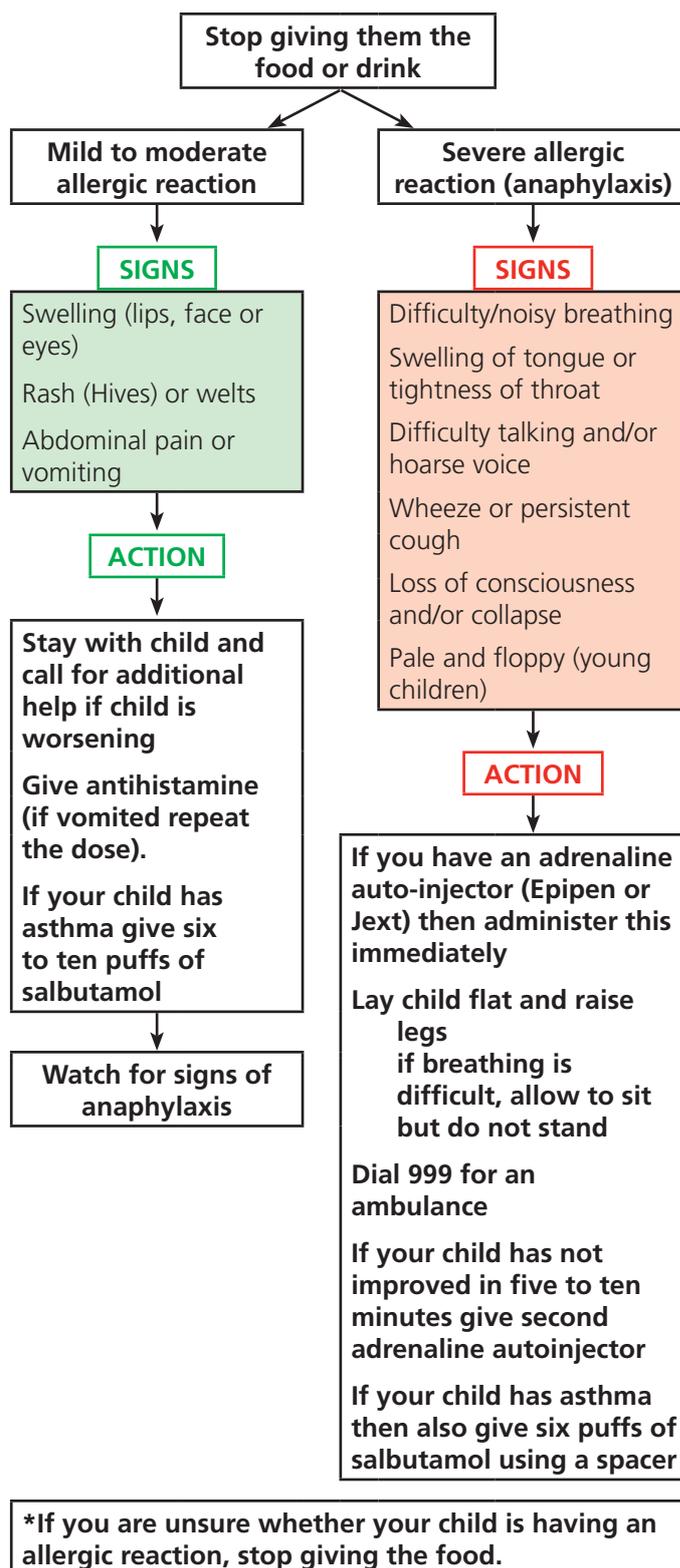
General points to consider:

Having managed to introduce peanuts or tree nuts in to the diet, it is vital that they are consumed regularly such as twice a week from now on.

Now that your child is able to eat one or more nuts, whilst still carefully avoiding other nuts that they are allergic to, there are some very important issues to consider and rules to follow:

- Ensure that you child's emergency medication is in-date and easily assessable.
- **When out of the house** e.g. nursery/school/visiting grandparents/in a restaurant/at a party, it may be advisable that your child **avoids all nuts** due to the risk of cross contamination and confusion with different nuts.
- Only offer the nut in its pure form e.g. whole and ground nuts or nut butters, rather than in processed food, e.g. biscuit or cereal, due to the risk of cross contamination **during the challenge**. If offered in commercial products such as confectionary it is important that you read ingredients list and the items are individual wrapped – i.e. not a bakery or pick and mix.

What do I do if my child has an allergic reaction to the food?



If your child is unwell but it is not an emergency please contact your GP.

If your child is acutely unwell and needs urgent medical care please call 999 and have them seen in hospital.

What to do if my child has a delayed allergic reaction to the food?

Delayed allergic reactions usually occur at least two hours after consuming the food but can occur up to 72 hours after the food has been introduced.

Delayed reactions include worsening eczema, stomach pains, vomiting or loose stools.

If your child is having a delayed reaction, go back to the dose of the proposed food that they previously tolerated. If you are unsure please contact us.

Children's Allergy service

Following your home challenge if there are any problems, or concerns that you would like to discuss please contact the Allergy Clinical Nurse Specialists on: **01392 402682**

If you have any concerns, complaints or commendations about the children's allergy service please contact the Patients Advice Liaison Service (PALS). Tel: **01392 402093** (Available from 9:30am - 4:30pm) Email: **rde-tr.PALS@nhs.net**

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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