

## Naval Medical Center Portsmouth Allergy/Immunology Referral Guidelines: Food Allergy

### Definition

- **Food Allergy** – an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food.
  - Non-IgE mediated immunologic reactions occur: food protein hypersensitivity (milk protein enterocolitis, celiac disease) or intolerances (lactose, fructose, caffeine)

### Initial Diagnosis and Management

- IgE mediated reactions to foods (food allergy) may be associated with urticaria, cough/wheeze, vomiting, diarrhea, lethargy or irritability, as well as hypotension.
  - Reactions occur consistently, to an identifiable trigger, within seconds to 1-2 hours. A careful history is required to identify the potential allergen.
  - If 2 or more organ systems are affected, the reaction is consistent with anaphylaxis.
  - Infants (< 12 months) of age with atopic dermatitis are at increased risk of food allergy, even without a clear exposure history. Breastfeeding and cutaneous exposure may result in sensitization.
- If a clear trigger is identified from the history, the food should be strictly avoided. Patients and parents should be cautioned about even casual contact with family members consuming foods of concern.
  - Targeted serologic testing (IgE – Immucap, previously RAST testing) is indicated to confirm sensitization. In most cases, the target food may be ordered individually in AHLTA simply by typing the food into the lab order (eg. shrimp IgE)
  - Avoid wide panel, indiscriminate testing as false positives may occur that unnecessarily limit the diet.
  - The Pediatric Eczema panel is appropriate in infants with atopic dermatitis to assess for allergic sensitization.
  - Urticaria lasting more than 12 hours is unrelated to food allergy and testing is NOT indicated.

### Evaluation and Management objectives

- Identify reactions to foods that are consistent with food allergy. Patients and parents should receive an EpiPen or EpiPen Jr and appropriate training on use of the device.
- Food Allergy action plans and education on label reading and food avoidance is mandatory: ([www.foodallergy.org](http://www.foodallergy.org)).
- Patients and parents should be offered information on medical alert bracelets.
- Infants with atopic dermatitis and food sensitization may require Neocate or Elecare for primary nutrition till seen by an allergist.

### Indications for Specialty Evaluation

- **Allergy referral is indicated to confirm food allergy if a diagnosis is in question or multiple causative food allergens may be present.**
- Patients with complicated conditions, such as eosinophilic esophagitis or atopic dermatitis in which food allergen sensitization may play a role, should be managed by an allergist.

### Return to Primary Care:

- Once the evaluation is completed, Food Allergy Action plan and EpiPen/EpiPen Jr training provided as well as information on label reading and avoidance from Food Allergy Research and Education ([www.foodallergy.org](http://www.foodallergy.org)).
- Patients with isolated food allergy may be seen once annually or as needed.
- Primary care managers may complete indicated school forms based on completed evaluation and recommendations.

Reference: Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel. Dec. 2010