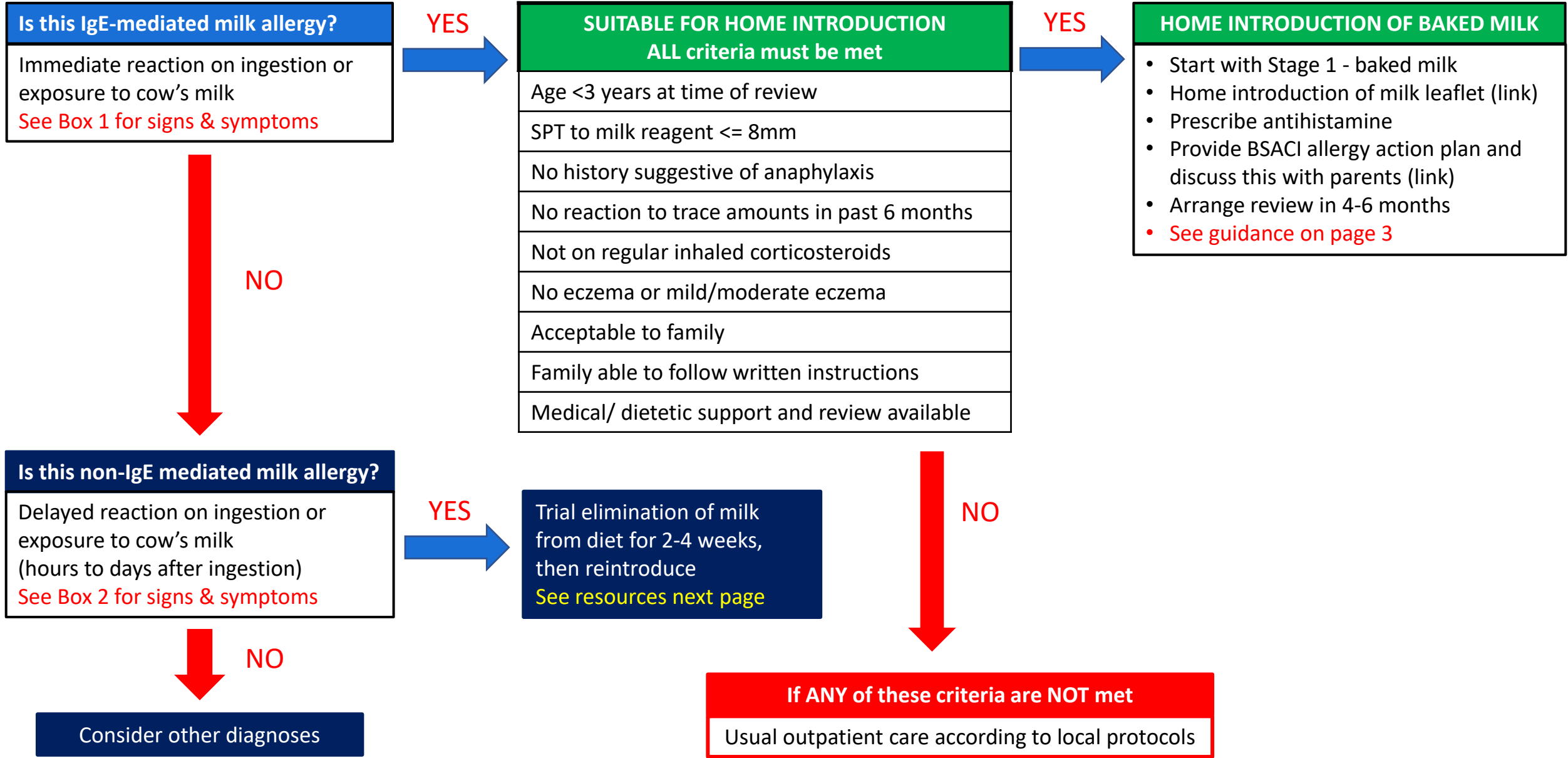


# Milk Allergy in Children – Secondary Care Guidance



# Milk Allergy in Children – Secondary Care Guidance

## Box 1 – IGE-MEDIATED MILK ALLERGY

Typically presents within a few minutes to one hour of cow’s milk ingestion

### Typical symptoms

- Urticaria, angioedema, erythema within minutes
- GI symptoms – vomiting, abdominal pain, diarrhoea within 2 hours

**ANAPHYLAXIS** is much less common but symptoms include:

**Airway** - hoarse voice, persistent cough, stridor, drooling, swollen tongue

**Breathing** – wheeze, breathlessness, increased work of breathing

**Circulation** - pale, floppy, dizzy, unusually sleepy, loss of consciousness

Most children outgrow their milk allergy – 2/3<sup>rd</sup> by 16 years of age

## Box 3 – MEDICATIONS

- Prescribe antihistamine
- If symptoms are suggestive of anaphylaxis prescribe adrenaline autoinjectors as per BNFC – 2 pens should be available at all times
- Please signpost parents to the appropriate adrenaline autoinjector websites to watch the relevant training video (see QR codes)
- **Provide appropriate BSACI Allergy Action Plan (see QR code)**

## Box 2 – NON IGE-MEDIATED MILK ALLERGY

Typically presents 4 - 36 hours after cow’s milk ingestion

### Typical symptoms

- Eczema flare
- GI symptoms – colic, reflux, vomiting, constipation, blood in stool

If non IgE-mediated milk allergy is suspected, recommend trial exclusion of cow’s milk (and all dairy) for 2-4 weeks and then reintroduce, looking for resolution or recurrence of symptoms

If non IgE-mediated milk allergy is then confirmed, gradually reintroduce milk after 6 months following an established milk ladder (e.g. iMAP)

[The Milk Allergy in Primary Care \(MAP\) Guideline 2019 | The GP Infant Feeding Network \(UK\) \(gpifn.org.uk\)](#)

Dietician referral may be required to discuss dairy free alternatives, and to ensure mother (if breastfeeding) and child have a sufficient intake of calcium and vitamin D



Epipen Training



JEXT Training



BSACI Allergy Action Plans

# Home Introduction of Milk for IgE-mediated Milk Allergy – Guidance for Clinicians

## START HOME MILK INTRODUCTION PROGRAMME

- Healthcare professional to assess that child meets ALL criteria for home introduction
- Provide written advice on how to start and explain how to use the guidance
- Ensure appropriate allergy action plan is in place
- Ensure family have contact details for the team



## FIRST FORMAL REVIEW – SUGGESTED INTERVAL 4 MONTHS

- Healthcare professional to assess tolerance of current stage reached
- If child has experienced symptoms during current stage
  - Continue current stage on amount tolerated OR return to previously tolerated stage
  - Retry next stage in 2-3 months
- If child has NO symptoms during current stage and is eating full portions regularly
  - Discuss moving to next stage as per protocol
  - Repeat skin prick test is NOT indicated if child is making good progress



## SUBSEQUENT REVIEW – SUGGESTED INTERVAL EVERY 4-6 MONTHS

- Healthcare professional to assess tolerance of current stage reached
- Continue until Stage 6 is tolerated and then discharge from home milk programme

**AT ALL STAGES**

If any concerns over severity of reactions or failure to follow programme – **STOP HOME INTRODUCTION**

Reassess and consider hospital based challenges

**DATA COLLECTION**

Please use the data collection forms to document any reactions at each review appointment