

Bring Your Own Pediatric Food Challenge Experience
Saturday March 1, 2014
6:45-8:00am
Torrey Pine 3 (Marriott North Tower)

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Pediatric Food Challenges often start with the challenges instructions. Massachusetts General Hospital Food Allergy Center instructions include the following information:

Instructions for Oral Food Challenge

- Include food to be challenged, amount patient needs to bring, and how food should be prepared.
- If it is particular product I send photo, such as “Barney’s Almond Butter”
- Stop antihistamines 7 days prior
- Continue inhaled corticosteroids if prescribed. If prescribed but not currently using, start inhaled corticosteroids 2 weeks prior to OFC date
- Notify clinic of albuterol use anytime, except for use in exercise, for one week prior to the food challenge
- Notify of need for antihistamine
- Contact clinic for any intercurrent illnesses. Challenge will not be proceed if patient is ill
- NPO for 2 hours prior to the OFC
- Remain in clinic room throughout. May not leave your child
- Siblings should not be present
- Bring activities. You will be remain in clinic for 4 or more hours
- Bring auto-injectable epinephrine in event of reaction after leaving clinic
- We provide written instructions and refer to MGH Video for instructions and food choice. View at <http://foodallergycenter.org>

Food Choice

- MGH Food Allergy Center dose is 6-8 gm protein or serving size for high protein food
- USDA Nutritive Value of Foods is useful in determining doses. Download at http://www.ars.usda.gov/SP2UserFiles/Place/12354500/Data/hg72/hg72_2002.pdf
- Food Choice recommendations are based on ingredient statements February 2014. Please check with each purchase for changes in ingredient statement

Peanut. National brands like Skippy or Jiff, creamy

Milk: 2% milk.

Egg: one scrambled egg prepared with 1 tablespoon of water

Soy Milk

Wheat: pasta without egg ingredient or cross contamination “DeCecco,” cream of wheat.

Almond: “Barney’s Almond Butter”, smooth no cross contamination

“Wonderful Almond” no cross contamination

Pistachio: “Wonderful Pistachios” no cross contamination

Pecan: “The Green Valley Pecan Company” no cross contamination

Sesame: "Sesame King Tahini" no cross contamination

Baked Milk and Baked Egg food challenges receive specific instructions for baking cupcakes

- Follow recipe
- Do not add berries, chocolate, chips, sprinkles, fillings, frostings, etc.
- Cook all of batter
- Bake at 350° F until tester inserted comes out dry
- Bring 4 cupcakes to appt. Save remainder of cupcakes for probationary period during next several days where patient will eat same amount of cupcakes.

Masking Agent

- Hershey's chocolate syrup
- Ah!laska Chocolate Syrup- Dairy-free, gluten-free, sodium-free, and peanut-free. Very thick. Seems to change food texture
- Ketchup
- Maple syrup
- Honey-if have eaten previously
- Puddings like Jell-O, or Imagine checking for other allergenic ingredients. I review with parent in clinic

Food Refusal

- Texture issues. Texture aversions are difficult to overcome. Try to change the texture by mixing with a masking agent.
- Offer rewards, videos, etc.
- Food refusal is often not behavioral. Do not force, let parents know that the child may have subtle symptom that they are unable to articulate.
- Inability to complete dose is an indeterminate oral food challenge. Most are advised to not continue with the food at home. Some who have high dose indeterminate challenge because they are unable to eat the volume of food are allowed to eat at home in a dose smaller than the total ingested in clinic.

Anxiety

- Anxiety based refusal. Often can progress after discussion and allowing for more time to start. Refer to psychologist on staff if we are unable to proceed. Future challenge is scheduled after sessions with the psychologist
- Parents are often more anxious than children. Offer appropriate language so that parent are not introducing additional anxiety
- Offer distraction of videos, games, books, coloring
- Some children feel more comfortable knowing where the emergency medications are kept
- Often fear of epinephrine injection is the most prominent fear.
- When we have needed to use an auto-injectable epinephrine and a child has no history of previously receiving epinephrine, it becomes a positive experience. Children realize it did not hurt more than any other injection and the symptoms improve.

Reactions

- Treat swiftly per your protocol
- Explain rationale
- If using an auto-injectable device in adolescent patient, offer to have the adolescent patient self-administer with gentle guidance of your hand over theirs.

Discharge instructions

- The challenge of oral food challenges continues after the patient is discharged
- Provide clear instructions

- Patient should have auto-injectable epinephrine with them
- Provide emergency number in rare event of reaction after leaving clinic
- Encourage patient to eat the food at home beginning the following day. We instruct to eat the same amount for 4-5 days, then 3-5 times weekly
- If patient is having issues with the food encourage them to call clinic to discuss
- Reinforce to patient and family that removing the food may result in a future reaction with re-exposure
- Baked egg and baked milk have a more complicated discharge instructions set. Reinforce rules of baked egg and baked milk
- Discourage patient and families from advancing diet, such as from baked egg to egg.