

## Algorithm 1: Diagnosis and Management of Cow's Milk Allergy Quick Reference Guide Abbreviations: <sup>1</sup>Protect, promote and support breastfeeding. CMA cow's milk allergy Presentation with possible CMA symptoms - Rule out other causes Maternal dairy free diet is **not** recommended if no 1. Refer to BF service or health visiting team (see Referring to Local Services) for support with feeding if appropriate **BF** breastfeeding symptoms when exclusively breastfeeding 2. 2-week trial of 1st-line interventions (NICE Guidance) for common conditions in infancy (see Section 2.2 in main eHF extensively hydrolysed formula document) e.g. colic, reflux, constipation, eczema AAF amino acid formula HF hypoallergenic formula (includes **CMA** still suspected both eHF and AAF) **IgE** immunoglobulin E **LRT** lower respiratory tract 1. Complete Allergy-focussed clinical history 2. Refer to symptoms table to determine if IgE or non-IgE and severity **OTC** over-the-counter of allergy **RAC** rapid access clinic Non-IgE CMA suspected **IgE CMA Suspected** ≤12 months <12 months Yes 1. Advise dairy free diet. Severe or Mild-moderate **Severe CMA or Multiple** Mild-moderate 1. Advise 2-4 weeks dairy free Continue **BF**<sup>1</sup> or recommend Multiple food allergies food allergies diet. Continue BF<sup>1</sup> or recommend shop bought plant-based milk shop bought plant-based milk alternatives (do not initiate alternatives (do not initiate HF) -HF) - see below. see below. 2. Refer to local Allergy Clinic 1. Advise 2-4 weeks dairy-free diet. 1. Advise 2-4 weeks dairy-free 1. Advise dairy free diet: 1. Advise dairy free diet. 2. Refer to local dietetic service (see Referring to Local (continue BF1 or prescribe eHF or AAF, if diet. Continue BF1 or prescribe Continue BF¹ or prescribe eHF (see Referring to Local Services) (urgent referral if growth faltering (see Guide 1) Multiple food allergies - continue BF1 or (see Guide 1) or consider OTC eHF (see Guide 1) **Services**) history of severe CMA) prescribe eHF (see Guide 1) soya formula if > 6 months 2. Refer to local Allergy Clinic (see 2. Refer to RAC or similar local 3. Discuss dairy challenge. If Referring to Local Services) if multiple symptoms return, CMA confirmed service (see Referring to Local food allergies 2. Refer to local Allergy Clinic Services) OR Severe CMA - continue BF1 or prescribe AAF (see Referring to Local (see Guide 1) **Services Urgent referral** to paediatrician and local 3. Discuss dairy challenge. If dietetic service (see Referring to Local OR symptoms return, CMA is Services) if unsolved growth faltering. confirmed. Consider OTC soya formula if > 6 months 2. Refer to local Allergy Clinic (urgent referral if history of severe CMA)

## **Volume Tables:**

1. Volume required if mixed-fed (Based on daily intake of formula as reported by carer)

oz/day	ml/day	g/28 days
10oz	300ml	1600g
14oz	400ml	2000g
17oz	500ml	2400g
20oz	600ml	2800g
24oz	700ml	3200g
27oz	800ml	3600g
30oz	900ml	4000g
33oz	1000ml	4400g
36oz	1100ml	4800g

2. Volume required if exclusively formula fed

Age	g/28 days		
0-3 months	4000g		
4-6 months	5200g		
7-9 months	4000g		
10-12 months	3200g		

## **Key points:**

- 1. 1 Protect, promote and support breastfeeding. Maternal dairy free diet is not recommended if no symptoms when exclusively breastfeeding.
- 2. Non-IgE symptoms can occur from 2 to 72 hours and can be classified as mild moderate (e.g. pruritus, erythema, atopic eczema, reflux, diarrhoea, blood/mucous in stools, abdominal pain, infantile colic, feeding difficulties, constipation, congestion) or severe (faltering growth).
- 3. IgE symptoms can occur from few minutes to 2 hours and can be classified as mild moderate (e.g. pruritus, erythema, urticaria, persistent eczema, angioedema, oral pruritus, nasal itching, sneezing, rhinorrhoea, cough, chest tightness, wheezing) or severe (anaphylaxis and/or faltering growth).
- 4. Shop bought plant-based milk alternatives suitable for >12 months include: Soya-, oat-, coconut- and pea-based drinks enriched with calcium. Note that Rice-based milk alternative, organic and low-calorie varieties (e.g. "light") are NOT suitable. See section 2.5 in main document for further information.

Approval date: August 2024

Review date: August 2027 (or sooner if evidence or practice changes)