

Appendix 2: Allergy-focused Clinical History for Suspected Cow's Milk Allergy in Infancy (adapted from iMAP and RCPH guidelines)

Start from question number 2 if child presents with immediate symptoms (e.g. likely IgE symptoms)

1. Resolution of symptoms (only if child presents with reflux/vomiting, constipation, colic, eczema and diarrhoea)

No resolution of symptoms after at least 2 weeks of treatment/onset

Treatment of symptoms before considering cow's milk allergy

Symptoms	Treatment and considerations
<input type="checkbox"/> Reflux/Vomiting	Review of bottle volume, positioning during feeds; Assessment of weight gain; Trial of thickener (e.g. carobel, Gaviscon) or anti-reflux formulas.
<input type="checkbox"/> Constipation	Optimisation of fluid intake; Trial of medication (e.g. lactulose, macrogol, glycerine chip suppository).
<input type="checkbox"/> Colic beyond 4 months	Trial of other formulas (e.g. Comfort, other brands), Massage; Trial of medication (e.g. colic relief, l-reuteri).
<input type="checkbox"/> Eczema	Appropriate emollient usage, topical steroids.
<input type="checkbox"/> Diarrhoea	Assessment of stool sample; considered if other family members with similar symptoms and/or if previously tolerating formula

2. Symptoms

Manifestation:

Single symptom Multiple symptoms

Onset of symptoms (choose all that apply):

- Occurs within 1-2 of ingestion (*IgE mediated - usually within minutes, but can be up to 2 hours*)
- Occurs up to 72 hours after ingestion (*Non-IgE mediated – usually symptoms occur up to 72 hours*)
- Symptoms reoccur after repeated exposure

Approval date: August 2024

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

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Types of symptoms (choose all that apply):

Non-IgE presentation (Lower GI or/and symptoms which occurs up to 72 hours)	IgE presentation (usually within minutes, but can be up to 2 hours)
<input type="checkbox"/> constipation / straining <input type="checkbox"/> crying when their bowels are opened <input type="checkbox"/> diarrhoea <input type="checkbox"/> blood in stools <input type="checkbox"/> vomiting / reflux (small amount of milk but not vomiting) <input type="checkbox"/> eczema/rash <input type="checkbox"/> irritability <input type="checkbox"/> problem sleeping <input type="checkbox"/> persistent crying <input type="checkbox"/> persistent colic <input type="checkbox"/> congestion	<input type="checkbox"/> Urticaria / hives <input type="checkbox"/> rash <input type="checkbox"/> facial swelling <input type="checkbox"/> breathing difficulties (within 2 hours) <input type="checkbox"/> wheezing <input type="checkbox"/> anaphylaxis
<input type="checkbox"/> Other- growth faltering	

3. Family history of food allergy and atopic diseases in father, mother and/or siblings:

- Atopic dermatitis
- Asthma
- Allergic rhinitis
- Food allergies

Other/comments _____

Note that a reported immediate family history of atopy along with symptoms of suspected CMA makes the diagnosis more likely (although it does not confirm); this applies to both IgE-mediated and non-IgE-mediated presentations.

4. Source of cow's milk protein thought to cause symptoms

- Exclusively breastfeeding (cow's milk protein from maternal diet – very low risk of allergic response)
- Mixed feeding – symptoms started when formula was introduced
- Mixed feeding – symptoms develops when formula feeding and breastfeeding
- Exclusively formula-feeding
- Dairy in child's diet – exclusively breastfed and symptoms started when dairy was introduced in diet

Other/comments _____

Note that the commonest presentation is when formula is introduced, particularly in countries where there is poor adherence with the WHO guidance of exclusive breastfeeding for 6 months

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