# Letter 1: Dietetic Hypoallergenic Formula Prescription Request Letter

Department of Nutrition & Dietetics

xxx



Date: xxx

Clinic Name: xxx

Consultant: Paediatric Dietitian

Clinic Date: xxx

**Prescription Request**

Dear colleague

The parent/carer of this patient was contacted for review via phone / *video* by the paediatric dietitian on the above date.

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| **Initial Reason for Referral** | Suspected IgE/non IgE cow's milk allergy |
| **Referred by** | GP |
| **Outcome of challenge with standard formula/ dairy in maternal diet (for non-IgE only)** | Initial symptoms of suspected cow's milk allergy returned on challenge. |
| **Relevant Medications** |  |
| **Nutrition Management Plan** | Continue dairy-free diet and hypoallergenic formula. |

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| **GP Actions** |
| * Please action the below prescription requests for collection by the patient/ parent to their nominated pharmacy as per patient’s usual routine for receiving prescriptions. * Please review volumes prescribed **every 3 months** using the table on the final page. * Prescription should be stopped once the patient tolerates cow’s milk proteins or at **12 months**, whichever is first. |

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| **\*\*\*\*\*\* NUTRITION PRESCRIPTION REQUEST \*\*\*\*\*** |
| **Standard Paediatric ACBS Indicator for Nutritional Supplements/Formula (BNF, 2016):** |
| Food allergy/intolerance including cow’s milk protein allergy |

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| **PRODUCT DETAILS** | | | | |
| **Name & Manufacturer** | **Quantity (g) per 28 days** | **Tins per 28 day** | **Duration (months)** | **Review frequency** |
|  |  |  |  | Every 3 months |
| **Further prescriptions should not be required beyond (date patient turns 12 months), unless requested by a dietitian** | | | | |

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| **Summary of consultation** |
| It was a pleasure to speak with the mum of this patient today.  (Patient name) is growing and feeding well.  They were initially suspected of having non IgE-cow's milk allergy and commenced a trial of hypoallergenic formula */ maternal dairy exclusion*. After 4 weeks we reintroduced standard cow's milk formula/ dairy into mum's diet using the iMAP challenge reintroduction plan, and their previous symptoms returned. Non-IgE cow's milk allergy has been confirmed **(for non-IgE only)** |

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| **Resources/Education/Advice Provided** |
| Calcium requirements and calcium rich foods information provided  Dairy free weaning diet sheet  Milk ladder information |

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| **Follow up arrangements** |
| This patient will be reviewed in a virtual group session */ telephone appointment* which will provide support regarding dairy-free weaning at around 6 months of age/ the iMAP Milk Ladder in about 5-6 months. Their parent/guardian will receive an invitation closer to the time.  */This patient has been discharged from our service. Please refer to their local dietetic service should they require further support regarding food allergy, nutritional or growth concerns at a later stage.*  */This patient has been discharged from our service but they require further support from another service . Please refer them to (service required).* |

Please do not hesitate to contact me should you require any further information.

Yours sincerely

(Name)

Senior Specialist Paediatric Prescribing Support Dietitian

South East London ICB Medicines Optimisation

Guy's and St Thomas' NHS Foundation Trust

Email (Prescribing Queries): [gst-tr.prescribingsupportdietitians@nhs.net](mailto:gst-tr.prescribingsupportdietitians@nhs.net)

Cc:

**Private and Confidential**

Parent/ carer

**Recommended volumes (for 28 days) for repeat prescriptions based on age**

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| --- | --- | --- |
| **Age** | **General Advice** | **Formula quantity** |
| 0-3 months | If exclusively formula fed, 150ml/kg/day of formula is required | 10 x 400g (4000g) |
| 4-6 months | 13 x 400g (5200g) |
| 7-9 months | Early weaning stage. Less formula as solid food intake increases. 120ml/kg/day of formula is required | 10 x 400g (4000g) |
| 10-12 months | Advanced weaning stage. Less formula as solid food intake increases. | 8 x 400g (3200g) |
| 12+ months | Prescription should be **stopped** at 12 months and if cow’s milk allergy persists, replace with appropriate shop bought plant-based milk alternative or foods as part of a balanced toddler diet | |

**Mixed-fed infants: Recommended volumes (for 28 days) based on formula intake over 24 hours**

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| --- | --- | --- | --- | --- |
| **Oz/day** | **ml/day** | **Formula quantity** | **400g tins**  **(all hypoallergenic formulas)** | **800g tins**  **(e.g. Aptamil Pepti 1 & 2®)** |
| 10oz | 300ml | 1600g | 4 | 2 |
| 14oz | 400ml | 2000g | 5 | 3 |
| 17oz | 500ml | 2400g | 6 | 3 |
| 20oz | 600ml | 2800g | 7 | 4 |
| 24oz | 700ml | 3200g | 8 | 4 |
| 27oz | 800ml | 3600g | 9 | 5 |
| 30oz | 900ml | 4000g | 10 | 5 |
| 33oz | 1000ml | 4400g | 11 | 6 |
| 36oz | 1100ml | 4800g | 12 | 6 |