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| **Telephone Non IgE Cow’s Milk Allergy Rapid Access Clinic** |
| * Form for use DURING consultation with parent/guardian and sent via ERS/EVS * **GP referrals - via e-RS: select Speciality: Dietetics, Clinic Type: Food Allergy and Intolerance, and Clinic Name: Telephone Non IgE-mediated Cow’s Milk Allergy Rapid Access Clinic** * **Non-GP referrals: EVS referral - send form to** [**gst-tr.selcmaracreferrals@nhs.net**](mailto:gst-tr.selcmaracreferrals@nhs.net) **(referrals from GPs will not be accepted via this email)** * Referrals will be rejected if form is incomplete / missing documents. * **Form only for use in BEXLEY, BROMLEY, LAMBETH, LEWISHAM & SOUTHWARK**  |  |  |  | | --- | --- | --- | | **Patient Details** | | | | **Patient Full Name: Preferred Contact Number:**  **Parent/guardian email:** | | **DOB:**  **NHS no.:** | | **Documents Required** | | | | 1. Completed Allergy-focussed Clinical History form (Page 2) 2. Full EMIS clinical summary from GP, if available | | | | **Referrer Details** | | | | Referral Date |  | | | Referring GP/ HCP |  | | | GP Practice Name & Borough |  | | | Safeguarding issues |  | | | Interpreter required, state language |  | | | **GP action required** | | | | * Inform parents of Non-IgE CMA diagnostic process: 2-4 weeks of strict dairy free diet then dairy challenge to confirm diagnosis (provide iMAP factsheet below). Dietitian will advise further on this. * If required, provide 2 weeks’ acute prescription of extensively hydrolysed formula (please see formulary on guidelines below)   ***Please DO NOT advise maternal dairy exclusion if symptoms only presented after formula introduction*** | | | | **Inclusion Criteria (both must be met)** | | | | * Child under 14 months of age with **delayed symptoms (2-72 hours)** to dairy (with or without soya allergy) ***without*** growth faltering * No improvement after two weeks of 1st line treatment for Colic, GORD, Eczema or Constipation | | | | **Exclusion Criteria** | | | | * Single symptom presentation without trying 1st line treatment for Colic, GORD, Eczema or Constipation as per NICE guidelines * Child is older than 14 months of age\* (do not start prescription for formula) * Immediate onset symptoms i.e. within 2 hours of dairy ingestion * Multiple food allergies (apart from dairy and soya)**\*\*** * Evidence of growth faltering\* * Patients not registered with a Bexley, Bromley, Lambeth, Lewisham or Southwark GP\* | | | | ***\*Refer to local dietetic service \*\*Refer to local secondary care Allergy Clinic*** | | | |  | | | | **Useful Information Leaflets for Parents/Carers** | | | | [(BDA) Milk Allergy: Food Fact Sheet](https://www.bda.uk.com/resource/milk-allergy.html), [Formula patients: Patient factsheet (iMAP)](https://gpifn.files.wordpress.com/2019/10/imap_patient_factsheet_original.pdf) **or** [Breastfed patients:](https://gpifn.files.wordpress.com/2019/10/imap-supporting-breastfeeding-factsheet.pdf) | | | |

Please refer to [The SEL guideline for the management of Cow’s Milk Allergy and Prescribing of Hypoallergenic Formula in Primary Care](https://selondonccg.nhs.uk/healthcare-professionals/medicines-optimisation/south-east-london-medicines-optimisation-team/nutrition/cows-milk-allergy/) for further guidance.

# **Allergy Focused Clinical History Form (Adapted from NICE CG116 2011)**

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| **Growth Details** | | | | |
| **Weight (kg):**  **Date:** | | | **Length (cm):**  **Date:** | |
| **Feeding History** | | | | |
| ☐ Exclusively breastfed from birth  ☐ Mixed feeding (from age……………….)  ☐ Exclusively formula-fed (from age……………….)  ☐ Started solids (from age ……………….)  **Source of cow’s milk protein thought to cause symptoms:**  Breastmilk (dairy consumed by mum: YES / NO)  Formula  Weaning/solid food | | | | |
| **Symptom/s** | | **Previously Tried Treatments** | | |
| **Gastrointestinal:**  Diarrhoea  Blood in stool  Constipation  Vomiting  Reflux/GORD |  |  | | |
| **Skin:**  Eczema/rash |  |  | | |
| **Behavioural:**  Inconsolable crying  Back arching  Feed refusal  Poor sleep |  |  | | |
| **Respiratory:**  Congestion |  |  | | |
| **Family History of Atopy** | | | | |
| Please list if any *direct* family atopy (e.g. siblings/parents) | | | |  |
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| **NB – DO NOT REFER THE FOLLOWING PATIENTS TO THIS CLINIC** | | | | |
| **IgE Mediated Cows Milk Allergy with acute allergic symptoms** | | | | |
| **Any infant presenting with IgE mediated (immediate) milk allergy (e.g. facial swelling, rashes, hives, breathing difficulties within 2 hours of ingesting milk) should be referred into secondary care1** | | | | |
| **Non-IgE Mediated Cows Milk Allergy with faltering growth** | | | | |
| **If faltering growth is the main concern, infant should be referred to local dietetic service2** | | | | |

**1 Refer to** [**Allergy Clinic**](https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2022/06/Referring-to-local-services.pdf)

**2 Refer to** [**local Dietetic Service**](https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2022/06/Referring-to-local-services.pdf) **for urgent appointment**

**Enquiries only**: [gst-tr.prescribingsupportdietitians@nhs.net](mailto:gst-tr.prescribingsupportdietitians@nhs.net)