



CLINICAL TOOLKIT

For interactive versions, visit our website:
AllergyEducation.co.uk



DIAGNOSING ALLERGY - 1,2,3

Step 1: Take a history

Diagnosing allergy starts with a physical examination and an allergy-focused patient history. Asking a few key questions will provide you with a detailed history and allow you to correctly manage your patient.

In this brochure you will find history templates, developed by experts, to help you diagnose and manage allergy in patients with asthma, rhinitis, eczema and food allergy. You can download copies of these questionnaires from:

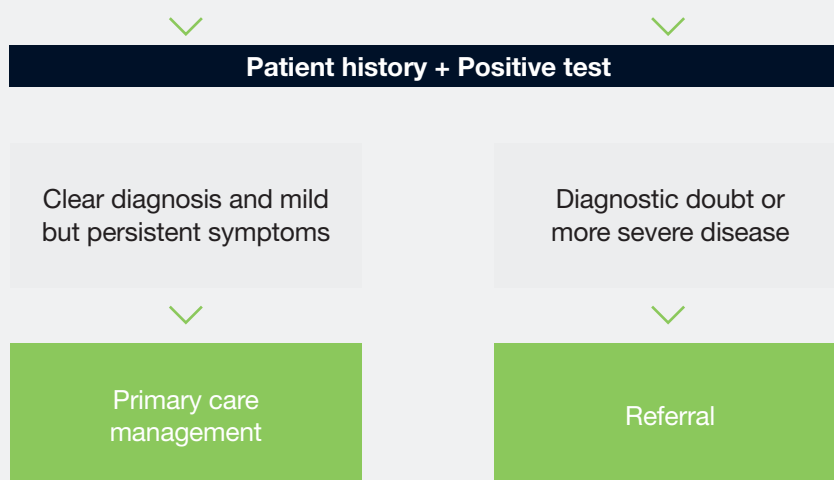
AllergyEducation.co.uk/Clinical-Toolkit

Step 2: Testing

If the patient history suggests an IgE-mediated allergy, conduct a blood test – a 1ml sample is sufficient to test for up to 10 common allergens – or a skin prick test*

Step 3: Management

The NICE guideline CG116 offers specific advice on when young people should be referred to secondary care:



In this brochure you will find an allergy management template and two anaphylaxis management templates, developed by experts, to help you manage your patients with allergy. You can download copies of these templates from: **AllergyEducation.co.uk/Clinical-Toolkit**

* Skin prick tests should only be undertaken where there are facilities to deal with an anaphylactic reaction¹

Reference:

1. National Institute for Health and Care Excellence. Food allergy in children and young people (CG116). 2011. London: National Institute for Health and Care Excellence.

COMMON ALLERGENS ARE:

Food¹

- ☐ Egg
- ☐ Milk
- ☐ Soya
- ☐ Wheat
- ☐ Peanuts
- ☐ Tree Nuts
- ☐ Fish
- ☐ Shellfish
- ☐ Celery
- ☐ Celeriac
- ☐ Gluten
- ☐ Mustard
- ☐ Sesame Seed
- ☐ Fruit & Veg
- ☐ Pine Nuts
- ☐ Meat



Rhinitis²

- ☐ Pollen
- ☐ Cat
- ☐ Dog
- ☐ Horse
- ☐ Moulds
- ☐ House Dust Mite
- ☐ Latex

Eczema⁴

- ☐ Egg
- ☐ Milk
- ☐ Fish
- ☐ Shellfish
- ☐ Wheat
- ☐ Peanut
- ☐ Soya Bean
- ☐ Tree Nuts
- ☐ House Dust Mites
- ☐ Animal Dander
- ☐ Pollen

Asthma³

- ☐ Pollen
- ☐ House Dust Mites
- ☐ Animal Dander
- ☐ Feathers
- ☐ Mould
- ☐ Tree Nuts
- ☐ Peanuts
- ☐ Egg
- ☐ Milk
- ☐ Fish
- ☐ Shellfish

Anaphylaxis⁵

- ☐ Insect Stings
- ☐ Nuts
- ☐ Peanuts
- ☐ Milk
- ☐ Fish
- ☐ Shellfish
- ☐ Egg
- ☐ Fruit
- ☐ Latex
- ☐ Drugs



References:

1. NHS Food; www.nhs.uk/conditions/food-allergy/pages/causes.aspx; last accessed June 2016.
2. NHS Rhinitis; www.nhs.uk/conditions/rhinitis---allergic/pages/causes.aspx; last accessed June 2016.
3. NHS Asthma; www.nhs.uk/conditions/anaphylaxis/pages/causes.aspx; last accessed June 2016.
4. NHS Eczema; [www.nhs.uk/conditions/eczema-\(atopic\)/pages/causes.aspx](http://www.nhs.uk/conditions/eczema-(atopic)/pages/causes.aspx); last accessed June 2016.
5. NHS Anaphylaxis; www.nhs.uk/conditions/anaphylaxis/pages/causes.aspx; last accessed June 2016.

An Asthma review template

A MORE THOROUGH ASTHMA APPOINTMENT COULD HELP IMPROVE ASTHMA CONTROL AND SAVE LIVES

The National Review of Asthma Deaths (NRAD) recommends that a thorough, structured asthma review takes place annually.¹

NRAD also identified that in the year before death, triggers for asthma attacks had not been documented in approximately 50% of cases.¹

Patients may respond differently to their medication and environmental triggers; this asthma review template has been designed to help you tailor care for your patients.

Download an interactive copy of this template from:
AllergyEducation.co.uk/clinical-toolkit

This template was developed in collaboration with Professor Somnath Mukhopadhyay MD PhD FRCPCH, Chair in Paediatrics at Brighton and Sussex Medical School and with Dr David Cremonesi (BA (OXON) FRCPCH), Specialist Paediatrician with Allergy & Respiratory expertise at the American Hospital Dubai

PATIENT NAME

DATE



1 HISTORY AND PHYSICAL EXAMINATION

Ask questions regarding the patient’s personal and family history of asthma and allergic disease, and consider the number of exacerbations (GP visits, prescription of oral steroids, emergency department visits, hospital admissions) over the previous 12 months:^{2,3}

Is there a personal history of eczema/rhinitis/allergies/other relevant conditions?

☐ Yes ☐ No Pattern, frequency, and severity of symptoms:

.....

Is there a family history of asthma/eczema/rhinitis/allergies/other relevant conditions?

☐ Yes ☐ No Pattern, frequency, and severity of symptoms:

.....

What is the pattern and frequency of asthma symptoms?

☐ All-year-round ☐ Seasonal ☐ Worse at night ☐ Other

Do symptoms abate when the patient is not at home?

(If so, consider asking questions about the home environment, e.g. is there mould present, are there pets?)

☐ Yes ☐ No

Do symptoms get worse when the patient is not at home?

(If so, consider asking questions about the location, e.g. a friend’s house with a pet cat)

☐ Yes ☐ No



2 REVIEW CONTROL

Use these questions to quickly assess your patient’s control:³

In the past 4 weeks, has the patient had:

Daytime symptoms more than twice/week? ☐ Yes ☐ No

Any night waking due to asthma? ☐ Yes ☐ No

Reliever needed more than twice/week? ☐ Yes ☐ No

Any activity limitation due to asthma? ☐ Yes ☐ No

Well controlled = 4 ‘no’ answers ☐

Partly controlled = 1-2 ‘yes’ answers ☐

Uncontrolled = 3-4 ‘yes’ answers ☐

Using the questions above, educate the patient on the definition of ‘well controlled’

Consider referral to secondary care if the patient is poorly compliant, has been prescribed >2 courses of oral steroids or been admitted to hospital in the past 12 months



3 REVIEW TRIGGERS

NRAD recommends that factors that trigger or exacerbate asthma must be elicited routinely and documented in the medical records and personal asthma action plans of all patients with asthma¹

What triggers the patient's asthma or allergic (e.g. rash, swelling) symptoms?

☐ Seasonal triggers: pollens (e.g. trees, grasses, weeds) or moulds

.....

☐ Night-time triggers (e.g. house dust mite)

.....

☐ Food allergens (e.g. egg, milk, fish, shellfish, soya bean, nuts)

.....

☐ Pets (e.g. cat, dog, guinea pig, rabbit, horse)

.....

☐ Exercise

.....

☐ Other (e.g. drugs, occupational, hormonal)

.....

CONFIRM THE LIKELY TRIGGERS:

Based on the results of the allergy-focused clinical history, if IgE-mediated allergy is suspected, either specific IgE blood tests or skin prick tests* should be performed. Specific IgE testing can be performed on any patient irrespective of age, allergic symptoms and medication. Just 1 ml of blood is needed to test for up to 10 allergens. Test results should be interpreted alongside the allergy-focused clinical history.⁴ A specific IgE result of ≥ 0.1 kU_A/L indicates sensitisation.

Patient with...

Asthma and confirmed food allergy



Refer to secondary care
Ensure the patient's asthma is well controlled and consider prescribing an adrenaline autoinjector

Asthma and confirmed pollen/mould allergy



Consider seasonal daily antihistamines and nasal steroids
Consider adapting asthma medication

Asthma and confirmed pet allergy



Optimise treatment and consider regular antihistamines
Discuss removal of pet or environmental avoidance measures

Asthma and confirmed house dust mite allergy



Consider regular antihistamines and nasal steroids if symptoms persist
Discuss avoidance measures



4 REVIEW TREATMENT

NRAD identified that 43% of asthma patients had not had an asthma review in the previous 12 months¹

Ask questions regarding treatment compliance:

In an average week, how many times does the patient forget to take their preventer medicine?

☐ 1 or 2 times ☐ 3 or 4 times ☐ 5 or 6 times ☐ 7 or 8 times ☐ >9 times

Does your patient think their medicine is working? ☐ Preventer ☐ Reliever

Educate the patient on the importance of taking their preventer inhaler regularly

Consider prescription of additional treatments for allergic symptoms, especially for patients with concomitant rhinitis (>80% of patients with asthma also suffer from rhinitis)⁵



5 REVIEW INHALER TECHNIQUE

Check technique for every type of inhaler used; visit the **Asthma UK** website for videos on correct inhaler technique

WHAT NEXT?

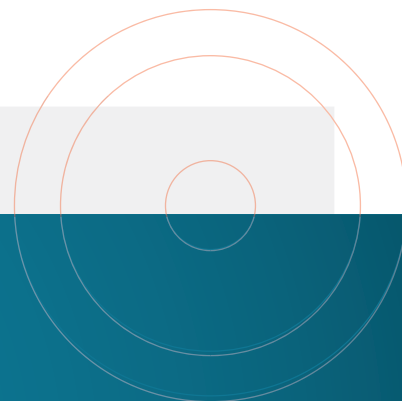
NRAD identified that 77% of asthma patients did not have a personal asthma action plan¹

- If asthma control is poor, consider re-evaluating the patient's treatment in conjunction with the **BTS/SIGN** guidelines²
- Update the patient's personal asthma action plan. Ensure all new patients have a plan in place
- For further resources and practical information about diagnosing and managing allergy, and for an asthma action plan template, visit **www.AllergyEducation.co.uk**

* Skin prick tests should only be undertaken where there are facilities to deal with an anaphylactic reaction⁴



INTERPRETING QUESTIONS TO HELP IDENTIFY ALLERGY IN PATIENTS WITH ASTHMA



Is there a personal history of eczema/rhinitis/allergies/other relevant conditions?

If the patient has an allergic history, the likelihood of developing other allergic conditions is increased.

Is there a family history of asthma/eczema/rhinitis/allergies/other relevant conditions?

If a relative has an allergic history, this increases the likelihood that the patient may have an allergic condition.

What is the pattern and frequency of asthma symptoms?

This information may help you identify seasonal allergens and tailor the patient's treatment plan accordingly, e.g. night-time symptoms suggest house dust mite allergy.

Do symptoms abate when the patient is not at home?

(If so, consider asking questions about the home environment, e.g. is there mould present, are there pets?)

If symptoms abate when the patient is not at home, it is likely the allergic trigger is located in the home.

Do symptoms get worse when the patient is not at home?

(If so, consider asking questions about the location, e.g. a friend's house with a pet cat)

If symptoms are worse in certain locations, this may help determine potential triggers.

What triggers the patient's asthma or allergic (e.g. rash, swelling) symptoms?

This information will help you identify allergic triggers. If allergic symptoms are triggered by exercise, you should refer the patient for further investigation in secondary care as they may be at risk of exercise-induced anaphylaxis. Patients with confirmed food allergy and concomitant asthma should also be referred to secondary care.



References:

1. Why asthma still kills - the National Review of Asthma Deaths (NRAD). Confidential enquiry report - May 2015. Available from: <https://www.rcplondon.ac.uk/file/868/download?token=3wkiuFg>; last accessed November 2015.
2. British Thoracic Society and Scottish Intercollegiate Guidelines Network Asthma Guidelines 2014. Available from: <https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2014>; last accessed November 2015.
3. Global Initiative for Asthma Guidelines. 2014. Available from: http://www.ginasthma.org/local/uploads/files/GINA_Pocket_2014_November.pdf; last accessed November 2015.
4. National Institute for Health and Care Excellence. Food allergy in children and young people (CG116). 2011. London: National Institute for Health and Care Excellence.

Allergic rhinitis focused history template

PATIENT NAME

DATE

Is there a personal history of hayfever/rhinitis

☐ Yes ☐ No Details:

Is there a personal/family history of eczema/asthma/other allergies

☐ Yes ☐ No Details:

What symptoms are present?

☐ Nasal itch ☐ Nasal blockage ☐ Rhinorrhoea ☐ Sneezing ☐ Eye symptoms (Tearing, redness, itching)

When are symptoms present?

Persistent – 4 or more days/week and 4 or more weeks at a time

Intermittent – less than 4 days/week or less than 4 weeks at a time

Is quality of life effected?

☐ Yes ☐ No Details:

Is sleep regularly disturbed?

☐ Yes ☐ No Details:

Are activities of daily living affected?

☐ Yes ☐ No Details:

Any other social or psychological effects (including on family/carers)?

☐ Yes ☐ No Details:

Can any triggers be identified?

- | | | |
|---|---------------------------|--------------------------|
| • Pollens (tree, grass, weeds, moulds) e.g. seasonal | <input type="radio"/> Yes | <input type="radio"/> No |
| • House dust mite e.g. symptoms worse on dusting/sleeping | <input type="radio"/> Yes | <input type="radio"/> No |
| • Food allergens | <input type="radio"/> Yes | <input type="radio"/> No |
| • Pets | <input type="radio"/> Yes | <input type="radio"/> No |
| • Other e.g. drug/occupational/hormonal | <input type="radio"/> Yes | <input type="radio"/> No |

What treatments have been tried and how effective have they been?

.....

Is there any coexisting asthma?

.....

Food allergy-focused history template

PATIENT NAME

DATE

Is there a personal history of allergic problems?

☐ Yes ☐ No Details

Is there a family history of allergic problems?

☐ Yes ☐ No Details

What was the age of onset and relation to change in diet?

.....

What food or foods are causing concern?

☐ Cow's Milk ☐ Eggs ☐ Peanuts ☐ Tree Nuts ☐ Fish ☐ Shellfish ☐ Soya ☐ Wheat

Other

What symptoms are triggered?

Skin

Gastrointestinal

Respiratory System

Cardiovascular

What is the time course between exposure and the onset of symptoms?

☐ Less than 2 hours ☐ More than 2 hours

What quantity of food is needed to trigger a reaction?

.....
.....
.....
.....
.....
.....
.....

PLEASE NOTE THAT THIS FORM IS A GUIDE ONLY AND NOT AN OFFICIAL TEST ORDER FORM.



Eczema-focused history template

PATIENT NAME

DATE

Is there a personal history of allergic disorders (e.g. hay fever/allergic rhinitis, asthma or food allergy)?

☐ Yes ☐ No Details

Is there a family history of allergy (e.g. hay fever/allergic rhinitis, asthma or food allergy)?

☐ Yes ☐ No Details

At what age did the eczema first manifest?

☐ <1 ☐ 1-2 ☐ >2 years

How widespread is the eczema?

☐ Minimal ☐ Moderate ☐ Extensive

Assessing impact on quality of life

Is sleep regularly disturbed? ☐ Yes ☐ No Details

Are activities of daily living affected? ☐ Yes ☐ No Details

Any other social or psychological effects (including on family/carers)? ☐ Yes ☐ No Details

Can any triggers be identified?

Skin irritants (e.g. bubble bath, soap, washing powder etc.) ☐ Yes ☐ No Details

Skin infections ☐ Yes ☐ No Details

Contact allergens (e.g. nickel, hair products etc.) ☐ Yes ☐ No Details

Food ☐ Yes ☐ No Details

Aeroallergens (e.g. dust, pollen, pet dander etc.) ☐ Yes ☐ No Details

How responsive is the eczema to standard topical treatments (e.g. emollients & weak steroids)?

☐ Complete response ☐ Partial response ☐ Poor response

PLEASE NOTE THAT THIS FORM IS A GUIDE ONLY AND NOT AN OFFICIAL TEST ORDER FORM.

Allergy action plan

PATIENT NAME

DATE

Is allergic to

Symptoms

Please give the medicine listed below if any of these symptoms appear:

- Rash, hives, redness of skin
- Swollen face, lips, eyelids
- Itchy, watery eyes
- Sneezing, itchy or runny nose
- Tingling, burning or itching in mouth
- Nausea, vomiting, diarrhoea

Medicine

Antihistamine for example, loratadine or cetirizine (6 years and older)

If the child also has asthma

If the child comes into contact with any of the allergens, or has the symptoms above give
..... an antihistamine and puffs of the blue inhaler
(through a spacer).

Emergency

Call 999 and ask for an ambulance if any of the following symptoms occur:

- Swelling of the tongue or throat
- Difficulty in swallowing
- Hoarse voice or cry
- Shortness of breath or noisy breathing
- Wheeze
- Cough
- Feeling clammy, looking pale
- Blue lips
- Feeling drowsy or floppy
- Agitation
- Feeling faint or dizzy
- Collapse

To help the ambulance team you may need to know:

- The exact location of the patient
- Name and age of the child having the reaction
- What may be causing the symptoms
- If any medicines have already been given

Immediate help

If the child is having difficulty breathing, help them to sit up
If they are feeling faint or weak, lay them flat with their legs raised up
Try not to move the child until help arrives

Anaphylaxis action plan

PATIENT NAME

DATE

Is allergic to

Date of birth

Emergency contact number

Connection to patient (e.g. parent or relative)

.....

Symptoms

Please give the medicine listed below if any of these symptoms appear:

- Rash, hives, redness of skin
- Swollen face, lips, eyelids
- Itchy, watery eyes
- Sneezing, itchy or runny nose
- Tingling, burning or itching in mouth
- Nausea, vomiting, diarrhoea

Medicine

Antihistamine for example, loratadine or cetirizine (6 years and older)

Other

If the child also has asthma

If the child comes into contact with any of the allergens, or has these symptoms give an antihistamine and puffs of the blue inhaler (through a spacer).

Emergency

If any of the following symptoms occur:

- Swelling of the tongue or throat
- Difficulty in swallowing
- Hoarse voice or cry
- Shortness of breath or noisy breathing
- Wheeze
- Cough
- Feeling clammy, looking pale
- Blue lips
- Feeling drowsy or floppy
- Agitation
- Feeling faint or dizzy
- Collapse

Using the adrenaline auto-injector

1. Give the auto-injector immediately into the upper, outer thigh, through their clothing if necessary
2. Hold in the thigh for 10 seconds, remove it then rub the area for 10 seconds
3. Unless the child is wheezing or having difficulty breathing lie the child down
4. Call 999, ask for an ambulance and say anaphylaxis
5. If symptoms have not improved or they return after five minutes, give the second injection in the same way
6. The child should remain in A&E for 4 to 6 hours for observation

To help the ambulance team you may need to know:

- The exact location of the patient
- Name and age of the child having the reaction
- What may be causing the symptoms
- If any medicines have already been given

Immediate help

- If the child is having difficulty breathing, help them to sit up
- If the child is feeling faint or weak, lay them flat with their legs raised up
- Try not to move the child until help arrives

Give the Adrenaline Auto-injector (AAI), call 999 and ask for an ambulance.

Adapted from the patient literature of King’s College Hospital, London.

Anaphylaxis action plan for children with asthma

PATIENT NAME

DATE

Date of birth

Emergency contact number

Is allergic to

If he/she comes into contact with the above or the following symptoms appear then give:

Antihistamine and puffs of the blue inhaler (through the spacer)

- Rash, hives, redness
 - Swollen face, lips, eyes
 - Itchy, watery eyes
- Sneezing, itchy or runny nose
 - Tingling, burning or itching in mouth
 - Nausea, vomiting, diarrhoea

If he/she develops any of the following symptoms, give the Adrenaline Auto-Injector (AAI) even if you have not yet given the antihistamine or the blue inhaler

- Swelling of the tongue or throat
 - Difficulty in swallowing
 - Hoarse voice or cry
 - Short of breath or noisy breathing
- Wheezy
 - Coughing
 - Pale and clammy
 - Blue Lips
- Drowsy or floppy
 - Agitated
 - Faint or dizzy
 - Collapse

1. Give the AAI..... immediately into upper outer thigh, through clothing if necessary. Hold in the thigh for 10 seconds, remove it then rub the area for 10 seconds

2. Lie the child down unless they are wheezing or having difficulty breathing

3. Call 999 ask for an ambulance and say ‘anaphylaxis’

4. If symptoms have not improved or return after five minutes give the second AAI in the same way

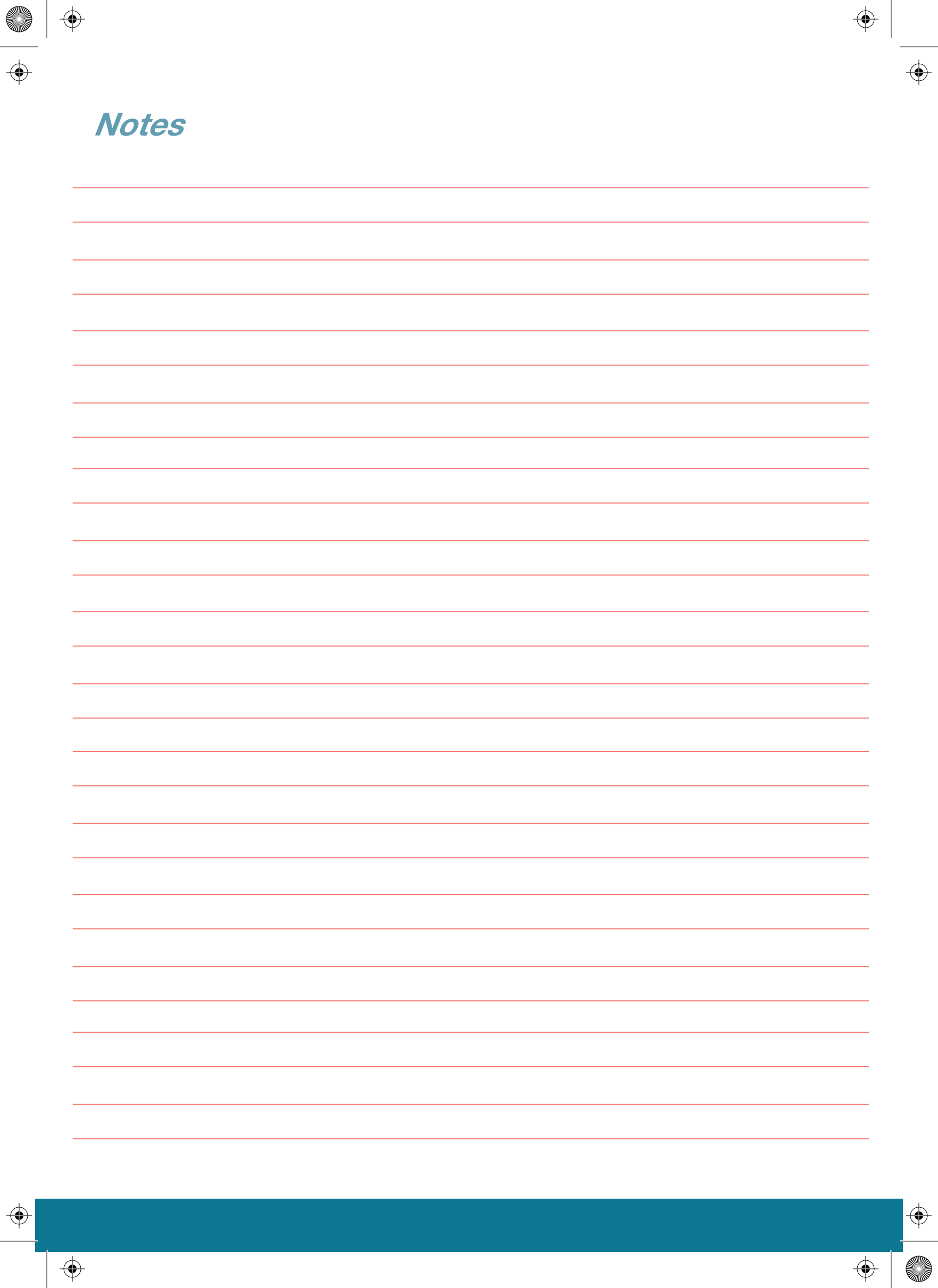
5. If he/she is still having difficulty breathing, give one puff of the blue reliever every minute until breathing improves or help arrives

6. Dispose of AAI safely

7. The child should remain in the Emergency Department for 4–6 hours to be observed

Signed

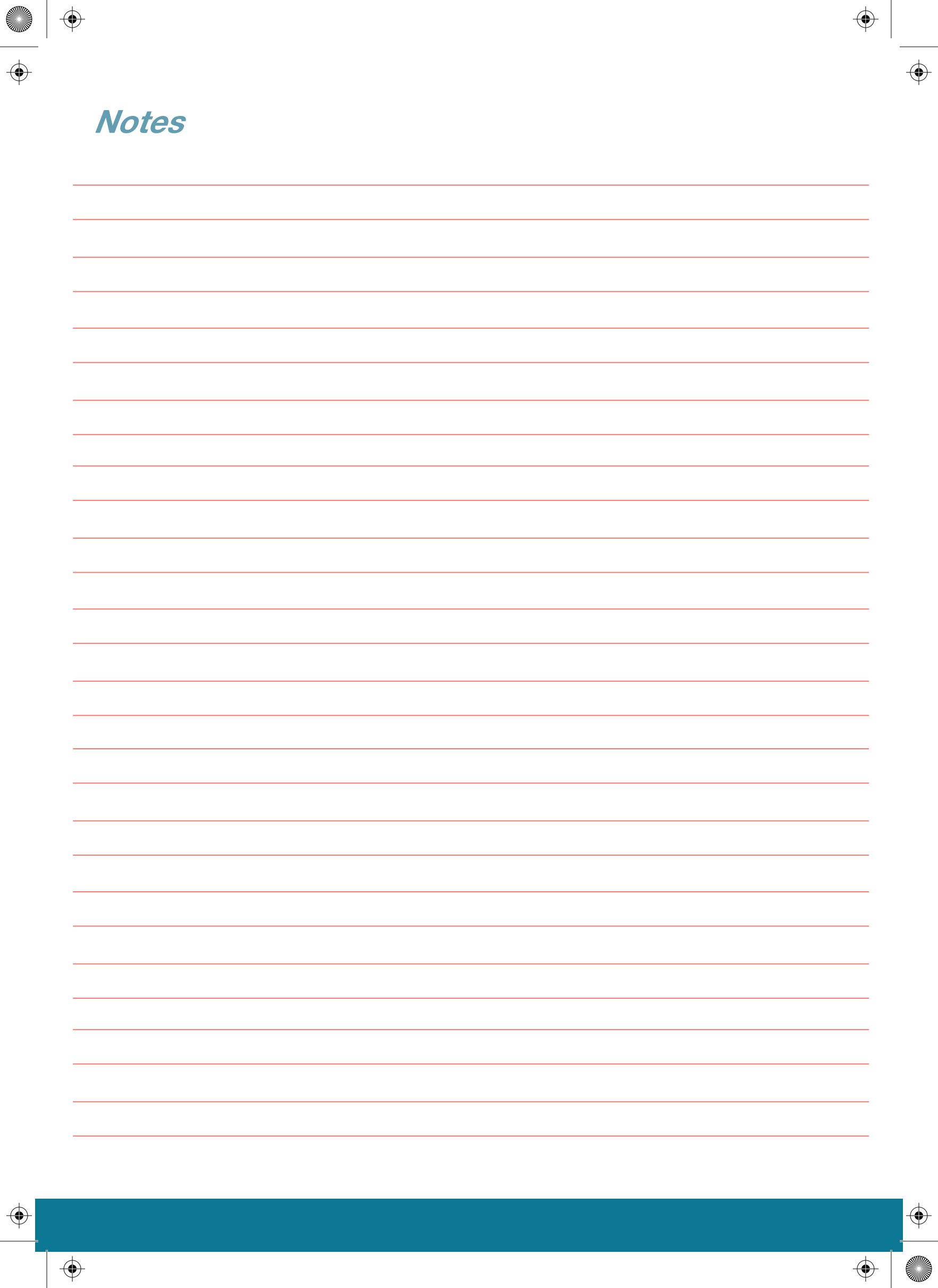
Position



Notes

Handwriting practice lines consisting of alternating light gray and white horizontal bands, each separated by a thin red line.





Notes

Handwriting practice area with 20 horizontal red lines.



