

Outpatient Primary Care Management and Referral Guidelines
San Antonio Military Medical Center and Wilford Hall Ambulatory Surgical Center
Allergy and Immunology Service

Food Allergy

Definition:

An immunologic reaction to a food.

There are many adverse reactions to foods, most of them are nonimmunologic, and include gastrointestinal disorders (structural abnormalities, carbohydrate malabsorption such as lactase deficiency, pancreatic insufficiency, GERD, peptic ulcer disease, gallbladder disease), toxic reactions (food poisoning), intolerances (caffeine, alcohol, tyramine), and food phobias/aversions. Typically these disorders are not the purview of the Allergy clinic.

History

- Identification of IgE mediated reaction to a food
- IgE mediated reactions include urticaria, angioedema, respiratory distress, gastrointestinal symptoms (cramping, nausea, vomiting, diarrhea), or signs/symptoms of hypotension (lightheaded or dizzy)
 - o Trigger must be consistent
 - o Trigger must be chronologically consistent (symptoms occurring within 30-60 minutes of encountering the trigger and very rarely up to 2 hours)

Examination/Evaluation

- Often none as patient presents days to weeks after the reaction
- If acutely present, consider obtaining tryptase level (preferably within 60-90 minutes to onset of symptoms) which can help determine if true anaphylaxis is present
- Consider obtaining serum blood work for the suspected allergen
- AVOID panels of food testing due to high false positive rate of testing

Management

- If presenting with acute reaction, follow anaphylaxis treatment algorithm with first line treatment of intramuscular epinephrine 1:1000
- Recommend strict avoidance for suspected food(s)
- Prescribe EpiPen (JR for pediatrics <30 kg)

Indications for referral

- Referral for an IgE mediated reaction to a food is indicated for several reasons:
 - o Confirmation of allergen
 - o Determination if or when a food may be outgrown and a possible food challenge may be an option (more typical in children)
- Education, information sharing on resources
- Some mixed reactions (IgE and non-IgE) that could be referred include:

- Eosinophilic esophagitis
- Atopic dermatitis
- Non-IgE mediated reactions (see above) are not food allergies and referral is NOT indicated with a few exceptions:
 - Food protein-induced enterocolitis syndrome (FPIES) – should be referred
 - Food protein-induced enteropathy – should be referred
 - Food protein-induced proctitis and proctocolitis – should be referred
 - Food-induced pulmonary hemosiderosis (Heiner’s syndrome) – should be referred
 - Celiac disease or gluten intolerance - is best evaluated by gastroenterology as small bowel biopsy is the gold standard for diagnosis
- Random food testing is NOT indicated due to high false positive rates. If a patient/parent is unable to identify a consistent food trigger, than it is unlikely to be a food and more likely idiopathic urticaria/angioedema or more rarely, idiopathic anaphylaxis (see those guidelines)

There are very few consults that warrant ASAP or Urgent status. If this is entered by the referring provider, it will be downgraded to Routine unless that provider calls and directly speaks with an allergist either at SAMMC or WHASC and it is confirmed as an urgent consult.