



Practice Guidelines for Peanut Allergies

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ABSTRACT

This article reviews the latest recommendations and clinical practice guidelines for peanut allergies among the pediatric population. Recommendations in this paper were compiled using information collected from a variety of publications of accredited professional organizations. Peanut allergies are the body's response to what it sees to be an unwanted substance in the body. This article focuses on the causes, signs and symptoms, prevention, diagnosis, and management of peanut allergies. *J Pediatr Health Care.* (2018) 32, 98-102.

KEY WORDS

Anaphylaxis, immunotherapy, peanut allergy, pediatrics

OBJECTIVES

1. To learn the causes of peanut allergies.
2. To learn to identify and diagnosis peanut allergies.
3. To learn how to manage peanut allergies.
4. To learn how to prevent peanut allergies.

BACKGROUND

Peanut allergies are one of the most common food allergies among children, affecting up to 3% of children and persisting into adulthood in up to 80% of cases (Du Toit et al., 2015). Not only is peanut allergy common, it is one of the most dangerous allergies because of the potential for anaphylaxis. Peanut

allergies are the body's immune response to what it considers a foreign, unwelcome substance. The 2010 and 2015 *Guidelines for the Prevention of Peanut Allergies in the United States* offered no recommendations for allergy prevention because of lack of supporting evidence (Togias et al., 2017). Therefore, families were instructed to recognize symptoms and carry injectable epinephrine at all times to treat a severe reaction. Because of the potentially fatal response to peanuts, affected children and their parents quickly learned to live life diligently checking labels and being on alert for potential triggers.

ENCOURAGING NEW RESEARCH

Updated recommendations include data from a clinical study known as the Learning Early About Peanut (i.e., LEAP) trial (Du Toit et al., 2015), which evaluated the effects of early introduction of allergens as a means of prevention. The study randomized potential peanut-sensitive 4- to 11-month-old infants, based on a history of eczema, egg allergy, or both, into two groups. One group received standard-of-care peanut avoidance until 2 years of age, whereas the experimental group received an early introduction to peanuts. By 60 months of age, the peanut avoidance group had a prevalence of allergic symptoms of 13.7%, whereas the early introduction group had a prevalence of allergic symptoms of 1.9%. Thus, the National Institute of Allergy and Infectious Diseases guidelines now recommend early introduction of peanut products as early as 4 months, with the hope of reducing the prevalence of peanut allergies. Although most research is performed using peanut powders, parents are taught to begin introduction of age-appropriate peanut-containing foods starting between

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Conflicts of interest: None to report.

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0891-5245/\$36.00

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<https://doi.org/10.1016/j.pedhc.2017.09.013>

4 and 6 months of age, most commonly recommending peanut butter (Togias et al., 2017).

HISTORY AND SYMPTOMS

Assess for Risk Factors (Mayo Clinic Staff, 2015)

- Age of the child
 - Peanut allergies are most common in infants and toddlers because of their immature digestive systems.
- Other allergies
 - Children with other food or environmental allergies are at an increased risk for peanut allergies.
- Eczema history
 - A link between atopic dermatitis and food allergies is often noted.
- Family history
 - Children with close family members who have a history of food (particularly peanut or egg) allergies are at increased risk for a peanut allergy.

To assist in the diagnosis of a peanut allergy, the primary care provider should assess the following (American College of Asthma and Immunology, 2014):

- When was the first time the parent/caregiver noticed any reaction?
- What and how much did the patient eat?
- How soon after he/she ate did the symptoms begin?
- Have they noticed the symptoms worsening since the first reaction, or have the symptoms remained about the same?
- What did they do to help with the symptoms?
- Does anything make the symptoms worse?
- How long did it take the symptoms to resolve?

Although most allergic reactions to peanuts are mild in nature, anaphylaxis is possible. It is essential to teach parents to recognize symptoms of a reaction. Reactions usually occur very quickly after a substance is ingested. Mild to moderate reactions may present as follows (Boyce et al., 2010):

- Hives
- A runny nose
- Itchy, watery eyes
- Blotchy skin around the mouth
- Nausea, vomiting, diarrhea, and/or cramping
- Wheezing, coughing, and/or sneezing
- Gagging and/or choking

Anaphylaxis often presents differently and with much greater severity. If a child is having an anaphylactic reaction, expect to see the following (Sicherer et al., 2017):

- Difficulty breathing/wheezing/stridor
- Tingling around the mouth
- Throat, tongue, or uvula swelling/tightening
- Difficulty swallowing
- Loss of consciousness
- Pallor or flushing
- Crampy abdominal pain or vomiting
- Sudden onset of generalized itching

EVALUATION

Physical Examination (Boyce et al., 2010; Sicherer et al., 2017)

- Respiratory
 - Wheezing
 - Stridor
 - Cough
 - Dyspnea
 - Rhinorrhea
- Gastrointestinal
 - Abdominal pain
- Cardiovascular
 - Hypotension (Sicherer et al., 2017)
 - For infants and children
 - Based on age-specific guidelines, a low systolic blood pressure (BP)
 - More than 30% drop in systolic BP
 - For adolescents and young adults
 - Less than 90 mm Hg systolic BP
 - More than 30% drop from the patient's normal BP
 - Cardiac arrest
 - Arrhythmia
- Integument
 - Urticaria
 - Erythema/hives
 - Angioedema

Laboratory/Diagnostic Studies (Sicherer & Wood, 2013)

Once a thorough history and assessment are completed by the clinician and a food allergy is suspected, a referral to an allergist should be ordered, especially if the introduction of peanut products is being considered. Because many children present with different symptoms of varying severities, all patients suspected

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