Allergy and Immunology

HOME INTRODUCTION OF A NEW FOOD

For children with a history of IgE mediated food allergies:

When introducing a new food in the home, make sure you're sensibly prepared for any unexpected allergic reaction by doing the following:

- If your child has an adrenaline auto-injector, locate it.

- Give the dose of problem food during daylight hours – not at night just before bed – so that you can observe any unexpected evolving reaction.

- Give one dose of food each day, starting with a small amount of the food then trying a little more each day, and watch for any signs of allergic reaction over the next one to two hours. These include (but are not limited to) skin rash (such as hives or eczema flare), swollen face, vomiting, diarrhoea and/or anaphylaxis (coughing, wheezing or difficult breathing, becoming pale and floppy or collapse).

If your child develops anaphylaxis after a dose of problem food during a home introduction, administer the adrenaline auto-injector and call an ambulance.

When introducing solid problem foods, turn the food into a paste or use a lightly cooked version of the food – for example, peanut butter for a peanut allergy or lightly cooked scrambled egg for an egg allergy.

Food should be introduced in the following amounts:

Day 1	A smear of food inside your child's lip
Day 2	One-eighth of a teaspoon
Day 3	A quarter of a teaspoon
Day 4	Half a teaspoon
Day 5	One teaspoon
Day 6	Two teaspoons
Day 7 and beyond	Continue doubling the dose each day until a full serve is tolerated. Continue giving a full serve daily for the next week.

TIP – For administering fluids (such as cow's milk or soy milk), you might find using a syringe easier, because this gives you an accurate dose.

Here are our dosage recommendations for introducing fluids:

Day 1	1 millilitre
Day 2	5 millilitres
Day 3	10 millilitres
Day 4	20 millilitres
Day 5	40 millilitres
Day 6 and beyond	Continue doubling the dose each day until a full serve is tolerated. Continue giving a full serve daily for the next week.