

The Advanced Practice

Submitted by [DONNA W MITCHELL](#) on Wed, 01/28/2015 - 2:11pm.

The Advanced Practice Session.

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2015 AAAAI Annual Meeting

Submitted by [BBALISTRERI](#) on Wed, 01/28/2015 - 12:58pm.

Which session are you looking forward to most at the 2015 AAAAI Annual Meeting? Please let us know.

Also, for those who have not already done so, please use the Program & Planner feature below to plan your upcoming schedule before you arrive in Houston.

<https://aaaai.confex.com/aaaai/2015/webprogram/start.html>

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Pink Peppercorns

Submitted by [100239](#) on Wed, 11/12/2014 - 8:29am.

Has anyone seen an allergic reaction to pink peppercorn?

We are currently aware of two reported allergic reactions to pink peppercorns. It appears that allergy to pink peppercorn (also known as Brazilian Pepper, Rose Pepper, Christmas berry and others) may be a risk for people with cashew allergy based on cashew and the pink peppercorn berry being botanically related foods. This dried berry may be used as a spice but is different from standard black pepper or the fruits that include the term "pepper," (e.g., bell peppers, red peppers or "chili" peppers).

Although it remains unclear whether pink peppercorn allergy stands alone or is related to cashew allergy, we are suggesting those with cashew allergy avoid pink peppercorn. Is anyone else doing this?

Marion Groetch

[delete](#) [edit](#) [reply](#)

Pink Peppercorn

Submitted by [APRIL CLARK](#) on Mon, 11/24/2014 - 10:47am.

Marion,

We have not seen this already in our clinic so far. I am going to share this information with our staff and we will likely recommend avoidance of pink peppercorn for our patients allergic to cashew. Thanks for sharing.

April Clark

[delete](#) [edit](#) [reply](#)

Deadline Extended for 2015 Allied Health Scholarship Travel Award

Submitted by [JAUGUSTYNIAK](#) on Fri, 11/07/2014 - 5:31pm.

The deadline for 2015 Allied Health Scholarship Travel Awards has been extended to November 18, 2014.

If you are an AAAAI allied health member who's interested in attending the 2015 Annual Meeting, you are eligible for these exclusive scholarship travel awards. Awards are worth up to \$750 and cover travel costs, plus registration, for the 2015 Annual Meeting.

Allied health professionals who provide care to those with asthma, allergy and immunologic disease include RNs, LPNs, nurse practitioners, physician assistants, respiratory therapists, medical technologists and medical assistants. Each are encouraged to apply.

In addition to networking with colleagues at the Annual Meeting, allied health members can discuss and expand on the latest advances in medications, equipment and procedures necessary to promote health for their asthma and allergy/immunology patients by attending sessions designed specifically for health care professionals. Each of the awardees will be further recognized at the 2015 AAAAI Annual Meeting during the AAAAI Allied Health Forum (Saturday, February 21, 2015).

[Applying is easy and you can access the online application here.](#)

Awardees will be notified if they have been selected to receive an award. For more information, contact John Augustyniak at (414) 272-6071 or jaugustyniak@aaaai.org.

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Weaning in FPIES (Reply)

Submitted by [100239](#) on Fri, 10/24/2014 - 10:34am.

Hi Berber,

There are no specific guidelines on how to introduce foods in FPIES but we generally start with a very small dose: 1 tsp on day one and increase gradually on subsequent days if no reaction. Of course it depends on the food we are introducing and the potential risks based on the epidemiology of FPIES and also on the patient's clinical presentation but increasing to a full dose by 3 days seems reasonable although we usually take a bit longer.

New International FPIES guidelines are in the works so we may have better guidance but it will still be based on expert opinion.

Carina Venter and I have published a review article on dietary management of FPIES if that helps.

Venter C, Groetch M. Nutritional management of food protein-induced enterocolitis syndrome. Current opinion in allergy and clinical immunology. 2014;14(3):255-62.

Marion Groetch (US)

[delete](#) [edit](#) [reply](#)

Weaning in FPIES

Submitted by [80945](#) on Thu, 10/23/2014 - 2:34pm.

Hi, just wondering how you increment the doses of solids when weaning in FPIES, and what time interval you use. I would say one dose per day, incrementing in 3 days to a normal serving size? we are just beginning to see FPIES, thanks in advance, Berber Vlieg (Netherlands)

[delete](#) [edit](#) [reply](#)

Eosinophilic Gastritis (EG) & Gastroenteritis (EGE)

Submitted by [APRIL CLARK](#) on Thu, 10/23/2014 - 2:06pm.

I'm curious if anyone uses dietary therapy for EG and/or EGE. If so, has anyone seen success using the common dietary therapies used for EoE in these other disorders? Or have you recommended them but have not been able to track effectiveness? Just wanted input on what others are doing as we sometimes see these patients in clinic and I feel like we have very little options or support to offer them. Please share your thoughts or experiences. Thanks!

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Eosinophilic Gastritis (EG) & Gastroenteritis (EGE)

Submitted by [100239](#) on Fri, 10/24/2014 - 11:14am.

Hi April,

We use dietary treatment with success for EG in our center. Please see a report published by our GI who heads up our Center for Eosinophilic Disorders. Both empiric elimination and modified elemental diets were used in this cohort.

Ko HM, Morotti RA, Yershov O, Chehade M. Eosinophilic gastritis in children: clinicopathological correlation, disease course, and response to therapy. *The American journal of gastroenterology*. 2014;109(8):1277-85.

Marion Groetch

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Oral steroid dosing for asthma

Submitted by [ANNEEB](#) on Tue, 10/21/2014 - 6:46pm.

We are looking at our asthma protocol regarding steroid dosing for asthma. We currently use 2mg/kg/per day up to 60mg X 5 days. Would like to hear what others are doing. The literature is not clear.

[delete](#) [edit](#) [reply](#)

Oral Steroid dosing for asthma

Submitted by [ESTIEB](#) on Wed, 11/12/2014 - 12:34pm.

At MGH pediatric allergy we generally use 2mg/kg max of 50mg and generally for 5 days. Many of the providers prescribe a dose of 40mg x 5 days.

[delete](#) [edit](#) [reply](#)

Precautionary Labels and Non IgE-mediated Food Allergies (Reply)

Submitted by [120710](#) on Mon, 10/20/2014 - 2:49pm.

I error on the side of caution and maybe to a fault as I am concerned that precautionary labels are not standardized as Carina Venter, PhD pointed out in a different thread. My concern is that the precautionary cross contamination labels do not indicate to what full extent the food may or may not have been contaminated and legislation is not in place to validate these claims. With non-IgE mediated allergies, I advise against foods with allergen cross contamination labeling as I also believe that if there is an allergen present repeated exposure to that protein could be harmful.

[delete](#) [edit](#) [reply](#)

Precautionary labels and non IgE-mediated food allergies

Submitted by [100239](#) on Thu, 10/16/2014 - 9:40am.

How frequently have you seen the need to avoid products with precautionary labels for allergens in your patient population specifically with FPIES or EoE ?

[delete](#) [edit](#) [reply](#)

Enterovirus

Submitted by [ANNEEB](#) on Tue, 10/07/2014 - 9:58pm.

We have seen record numbers of patients in the EU, inpatient area and PICU of our children's hospital with viral triggered asthma. Enterovirus is suspected although the multiplex swab results are positive for Rhinovirus/Enterovirus. We are treating per usual asthma protocol. Has anyone tried or heard of any novel treatments for this population?

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Upcoming 2015 AAAAI Annual Meeting

Submitted by [admin](#) on Thu, 09/04/2014 - 1:29pm.

Have any pending speaking questions about the 2015 AAAAI Annual Meeting? A recommended read is the 2015 AAAAI Annual Meeting Information page in the news feed.

[delete](#) [edit](#) [reply](#)

School Training

Submitted by [100239](#) on Fri, 08/08/2014 - 7:49am.

I am not sure if you have seen this, but I think it is a great 30 minute free school food allergy training module for schools that is followed by a short competency quiz. These tools and resources were designed to assist school nurses or their designees in school wide food allergy education and in the implementation of the new [CDC Food Allergy Guidelines](#). I am not a nurse so I am very curious what the nurses think of this module.

Check it out: <http://www.allergyhome.org/schools/>

Marion

[delete](#) [edit](#) [reply](#)

School Training

Submitted by [80626](#) on Tue, 10/28/2014 - 4:44pm.

Thank you for sharing this module, Marion. It is excellent!

I am a nurse, interested in providing asthma and allergy training to school nurses. This module covers everything, including psychological and bullying issues. It is up to date,

evidence-based, well-referenced information. School nurses can easily access it, take the follow up competency quiz and print their certificate to verify completion.

I would highly recommend this video to anyone interested, HCPs, parents, even students. It clarifies those questions and concerns that need to be addressed.

Dee Mallam RN, AE-C

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Excellent presentation for school nurses

Submitted by [RUTGERJEN](#) on Tue, 09/09/2014 - 9:42am.

I have developed several school nurse presentations but this one seems to be very thorough and something I would like to use in the future. I especially like how they cover different ways food allergy exposure can occur. I find that school nurses are often anxious with contact and inhalation issues and this presentation really covers it all. Thanks for the share, Marion.

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Back to school with allergies

Submitted by [SAN123](#) on Sun, 08/03/2014 - 3:48pm.

With back to school time upon us in many areas, I am wondering if a greater awareness in food allergy and asthma care among school staffers has been noticed. As many of us work with school nurses and other school staff, I am wondering if positive changes in comfort level of staff is observed by parents and care providers.

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Smoking cessation in rural areas

Submitted by [SHEELSTEW](#) on Sun, 07/13/2014 - 9:31pm.

I am interested in what strategies are being utilized for smoking cessation, within rural areas. Particularly what innovative ideas address transportation issues, or distance as a barrier. What ideas have proven successful or not?

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lab studies on patients on low dose cyclosporin

Submitted by [DONNA W MITCHELL](#) on Thu, 06/19/2014 - 6:03pm.

What is the recommended interval for obtaining labs on a patient on low dose cyclosporin?

[delete](#) [edit](#) [reply](#)

Soy and phytoestrogens

Submitted by [100239](#) on Wed, 05/21/2014 - 4:01pm.

Soy infant formula has been used as a replacement for cows' milk formula since the early 1900s. The American Academy of Pediatrics (AAP) states that soy formulas are safe and effective for older infants (after 6 months of age) and current research shows no hormonal effects in long-term feeding of soy formulas. The AAP found that although soy has been studied by numerous investigators in various species, "there is no conclusive evidence from animal and adult human or infant populations that dietary soy isoflavones may adversely affect human development, reproduction, or endocrine function."

Nonetheless, if you google soy and phytoestrogens, you will see the chatter about the negative effects of soy. Patients frequently ask if soy is safe as a substitute for milk. I give a recap of the above and if parents are still concerned I help them use a variety of foods to meet their child's needs, but most of the other milk substitutes alone are not sufficient (either too low in fat or protein).

How are you all handling the soy question?

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Soy and Phytoestrogens

Submitted by [120710](#) on Mon, 10/20/2014 - 2:41pm.

I handle the soy question very similarly to what you proposed. I have a chart that shows the differences in fat and protein between a few milk alternatives to illustrate the significant challenge in meeting protein needs using a milk alternative. We also discuss the age of the patient and the acceptability of the other protein and fat sources. I have found acceptance of meat to be lower in multiple food allergy patients that have not had assistance with feeding skill progression (from parents or health care provider). With each patient, I take a 24 hour recall, it helps me and the parents to understand potential nutrient deficiencies and may give some wiggle room to soy acceptance. If not, I put on my creative thinking cap and work around soy in the diet.

[delete](#) [edit](#) [reply](#)

That is exactly how we handle

Submitted by [DONNA W MITCHELL](#) on Mon, 06/09/2014 - 3:38pm.

That is exactly how we handle it as well.

[delete](#) [edit](#) [reply](#)

Guidelines for Food Allergy Nutrition Referrals

Submitted by [61440](#) on Mon, 05/05/2014 - 10:44am.

A local allergist asked me for guidelines to help them identify when they need to make a referral for a nutrition consult. Here is a beginning list. Does anyone else have tool they use and like? :

1. Newly diagnosed with milk food allergy or 2 or more food allergies
2. Poor growth or weight loss - would want to catch before they meet the definition of failure to thrive
3. Parental anxiety to offer new foods or individual eats only a limited number of foods
4. Food allergic individual with any feeding problems
5. Always need follow-up to ensure alternative food sources are accepted and that the allergens are properly avoided.

[delete](#) [edit](#) [reply](#)

Nutrition Consult

Submitted by [100239](#) on Mon, 05/12/2014 - 8:07am.

How about

When introducing complementary foods in infancy with FPIES.

and

For any patient on an elimination diet for EoE.

[delete](#) [edit](#) [reply](#)

May Contain

Submitted by [101365](#) on Thu, 05/01/2014 - 12:46pm.

Dear All

The food allergy group of the British Dietetic Association recommend the following when it comes to "may contain". We have had it peer review on an international level, but practices and guidance may differ from country to country and family to family:

"May contain..." or "Made in a factory..." labelling

These warnings are used by food manufacturers to highlight a possible risk of an otherwise nut free product being accidentally contaminated by nuts during manufacturing. There is currently no law to say how or when this type of labelling should be used but it appears on a wide variety of products.

It is important to take these warnings seriously and consider the following points:

- Just because a particular food with a nut warning has been eaten safely in the past, does not mean that it will always be safe; it may contain nut traces next time. Recipes and manufacturing processes can change.
- All nut warnings should be treated with the same level of risk regardless of the wording used.
- Patients may be more sensitive to nut protein if they are unwell, have been doing strenuous exercise or drinking alcohol, so having a nut trace during these times is more risky.
- Chocolate and chocolate covered items pose a higher risk of nut contamination because chocolate dripping off one product may be used on another during manufacturing. Therefore, chocolate with nut warnings should always be avoided (lists of peanut free or all nut free products are available from chocolate manufacturers).

The safest approach is to avoid all foods with "may contain" nut warnings. However, if a food with a nut warning is to be eaten the following advice should always be followed:

1. always have in-date emergency medication to hand
2. be within easy reach of a phone or mobile that has charge and reception
3. only eat if someone is with you who can help if a reaction occurs
4. avoid if in a remote location, far from emergency services
5. avoid if unwell or asthma is not well controlled
6. avoid after strenuous exercise or drinking alcohol
7. avoid if previously had an anaphylactic reaction to nut traces or "may contain" products

Discuss your approach to managing "may contain nut" products with your Dietitian or allergy team as they can give you specific advice.

Carina Venter

[delete](#) [edit](#) [reply](#)

Baked Milk Challenges

Submitted by 101365 on Thu, 05/01/2014 - 12:43pm.

We have published a ladder (graded introduction) of milk products. One of my PhD students are just validation it. You may or may not find it helpful.

We have look at the allergen content and heat exposure of a number of milk containing foods. We found to big a variation in the milk protein content of butter and then not to include it till after the yoghurt phase - but some children tolerate it sooner. Have a look at additional file 2 in the paper which is free to download: <http://www.ctajournal.com/content/3/1/23>

Carina Venter

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Baked Milk and Baked Egg Challenges

Submitted by [100239](#) on Wed, 04/30/2014 - 2:47pm.

What are the frequently asked questions from patients about incorporating baked milk and baked egg in the diet after passing a physician supervised food challenge?

We often hear:

Can I bake with butter? Can my child eat pancakes or waffles even though they are not baked? What about meatballs and egg noodles?

Does your facility have a protocol to answer these questions or are questions answered on an individual basis?

[delete](#) [edit](#) [reply](#)

Preventing Readmission to Hospital

Submitted by [ANNEEB](#) on Wed, 04/23/2014 - 9:35pm.

I work at St. Louis Children's Hospital and we are working on ways to prevent readmission to hospital and return to emergency room after admit/discharge for asthma. Would anyone be willing to share ideas that you have found successful?

[delete](#) [edit](#) [reply](#)

Skin Prick Test Procedure (Response)

Submitted by [79378](#) on Mon, 04/07/2014 - 10:12am.

At our pediatric allergy practice, our nursing staff does not remain in the exam room following SPT procedures and the reading the SPT reactions. Skin testing with environmental extracts is safe and rarely induces an anaphylactic reaction. Our staff is within close proximity to the exam rooms and may perform periodic checks to ensure that the patient is doing well and isn't scratching the test area.

With antibiotic, venom or anesthesia skin testing, which have a greater risk of anaphylaxis, our allergy nurses would have more direct observation/monitoring procedures in place.

Hope this is helpful.

[delete](#) [edit](#) [reply](#)

Skin Test Procedure

Submitted by [admin](#) on Mon, 04/07/2014 - 10:47am.

I have a question about skin test procedures- does your practice require staff performing procedure to remain in room during the wait time after skin test placement? My clinic is looking into this and I can't seem to find a rec policy that specifies a nurse directly observing /monitoring and not just being nearby. Thanks in advance for any info!

[delete](#) [edit](#) [reply](#)

Anaphylaxis to Albuterol Question

Submitted by [ANNEEB](#) on Wed, 04/02/2014 - 11:25am.

We have a 10 year old admitted with hives, tight throat and wheezing/respiratory distress after albuterol neb and after albuterol inhaler. Has anyone cared for patient with anyphylaxis to albuterol?

[delete](#) [edit](#) [reply](#)

2015 AAAAI Annual Meeting Programming

Submitted by [36816](#) on Mon, 03/31/2014 - 7:53am.

The 2014 annual meeting in San Diego was a big success in part to the participation of so many of our members. It is a little more than two weeks since we all have returned home and before we all get back into our routines, please take a moment to consider and inform us whether there is a topic you missed hearing about, or a speaker you missed hearing. Thank you for your feedback!

[delete](#) [edit](#) [reply](#)

Favorite 2014 AAAAI Annual Meeting Session and Why?

Submitted by [admin](#) on Fri, 03/07/2014 - 10:57am.

Thank you to everyone who attended the 2014 AAAAI Annual Meeting in San Diego, CA! We hope you enjoyed the conference. What was your favorite session? What did you learn?

[delete](#) [edit](#) [reply](#)

AAAAI Annual Meeting

Submitted by [admin](#) on Thu, 02/06/2014 - 2:13pm.

The 2014 AAAAI Annual Meeting in San Diego is only a couple weeks away!
Registration:https://www2.cmrreg.com/aaai_7a/

The Allied Health Professional Assembly would like to point out some not to miss key

sessions (click on the link for a detailed description):

Friday (February 28) **Advanced Practice Course** - 8:00 am – 12:30 pm (**Ticketed and additional payment required for breakout sessions to attend**)

(<https://aaaai.confex.com/aaaai/2014/webprogram/Session4115.html>)

Friday (February 28) **Allied Health Plenary: Cybersecurity: Technology in Practice** 4:00 pm – 5:15 pm

(<https://aaaai.confex.com/aaaai/2014/webprogram/Session3300.html>)

Saturday (March 1) **Allied Health Workshop: Travel Scholarship Award Recipients** 2:00 pm – 3:15 pm (<https://aaaai.confex.com/aaaai/2014/webprogram/Session3328.html>)

Sunday (March 2) **Allied Health Oral Abstract Luncheon (Ticketed and payment required)**

(<https://aaaai.confex.com/aaaai/2014/webprogram/Session4190.html>)

Monday (March 3) **Primer on Primary Immune Deficiency (PID) Course** 8:00 am – 2:15 pm (**Ticketed and payment required**)

(<https://aaaai.confex.com/aaaai/2014/webprogram/Session3242.html>)

In addition to all the fine educational programs there are many opportunities to network:

Friday (February 28) **Allied Health Wine & Cheese Reception** 5:15 pm – 6:30 pm - **Open to All Allied Health Attendees Only** (Marriott South Tower, Level 4, La Costa)

Saturday (March 1) **Allied Health Forum Lunch** 12:30 pm – 1:30 pm - **Open to All Allied Health Attendees Only** (Marriott North Tower, Lobby Level, Marriott Hall Salon 6)

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Precautionary Labels (Response)

Submitted by 100239 on Fri, 12/13/2013 - 2:03pm.

Great discussion!

Wendy: I have seen numerous studies on the risk associated with products carrying a precautionary label for peanut, milk, and eggs. To my knowledge, no one has looked at (or at least published) on the risk associated with products precautionary labeled for wheat. I think we can assume there is some risk.

I agree with April's guidance (above) and I too advise my patients to avoid any product with a precautionary statement for their allergen.

According to a study published in Annals in 2010, a considerable proportion of accidental exposures are attributed to inappropriate labeling (47.8%), failure to read labels (28.6%), and ignoring precautionary statements (8.3%). So while the risk may be small, it is a risk nonetheless and as a dietitian, I can always guide my patients to a similar product without a precautionary label.

(Annals of Allergy, Asthma & Immunology, Volume 104, Issue 1, January 2010, Pages 60–65)

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Precautionary Labels - (Response)

Submitted by [61440](#) on Tue, 12/10/2013 - 9:22am.

I advise my families to avoid their allergens on the label including precautionary labels. I find that that their not reading the label every time they purchase the food is a greater problem causing accidental ingestions.

[delete](#) [edit](#) [reply](#)

Precautionary Labels (Question)

Submitted by [100239](#) on Mon, 12/02/2013 - 2:38pm.

<http://allergicliving.com/index.php/2013/12/02/advisory-labels-may-contain-confusion>

How do you educate your patients on precautionary labels? Here is a link to an interesting article published in Allergic Living about a new study by Steve Taylor's group (Food Allergy Research & Resource Program at the University of Nebraska-Lincoln).

I find many of our patients mistakenly believe they can assess the degree of risk based on the type of precautionary label used (may contain vs. manufactured in a facility, etc.) - Dr. Taylor's study and others have dispelled this myth- time to get the word out.

[delete](#) [edit](#) [reply](#)

Precautionary Label Patient Education (Response)

Submitted by [CHARLESR](#) on Sat, 12/14/2013 - 10:45am.

I'm a Paediatric Dietitian with a special interest in food allergy based in the Republic of Ireland. Food labelling in terms of declaration of ingredients on the label and declaration of allergen content is enshrined in legislation governed by the EU and implemented in each member state.

Precautionary labelling on the other hand is not enshrined by any legislation and as such it represents meaningless information. Studies done by the Food safety authority of Ireland among others has demonstrated that there is no such concept as "totally free from".

There is always risk. Risk however can be mitigated, accepted or rejected by patients provided they are counselled realistically and practically as to meaningful interpretation of ingredients on food labels: this is how I and many other dietitians and clinicians educate our patients with food allergy. In summary the advice is to check the ingredients every time, ignore precautionary labels. No label, no adrenaline-no eat.

[delete](#) [edit](#) [reply](#)

Precautionary Labels (Response)

Submitted by [APRIL CLARK](#) on Fri, 12/13/2013 - 12:55pm.

When I educate patient families on label reading, I always begin with an overview of what FALCPA covers before going into detail about the specific foods they will be avoiding. This includes precautionary labeling. (And I do recommend avoidance of all foods with precautionary labels, not just peanut.) Here are the main points I cover on this topic:

- Precautionary Labels are not required or regulated.
- Explain the language/words are also not regulated. I usually give parents an example of 2 products 1 containing "processed in same facility" and another containing "processed on the same equipment". I ask them to pick which one seems more "scary". They always pick "processed in the same facility". I then explain that the products could be processed exactly the same because the manufacturers have the liberty to choose the words they like best. I then finish by reminding them you cannot assess how great the risk is based on the language used on the package.
- Recommend avoidance of all products containing a precautionary label (explain research supports this recommendation)
- If families really want to consume a product that has a cautionary label, I recommend they call the manufacturer and ask for more information regarding the labeling practices. I give examples of specific questions to ask regarding how the item is manufactured. And last, I always advise parents that if manufacturers are not willing to share their cross contamination practices or only offer very vague answers, to avoid their product.

I am excited we have additional information to share with families regarding the recommendation of avoiding foods with precautionary labels.

April Clark

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How Do You Educate Your Patients On Precautionary Labels? (Respo

Submitted by [WENDYELVERSON](#) on Wed, 12/11/2013 - 4:54pm.

I find that different allergists make different recommendations. I do tell families in regards to nuts would avoid products with precautionary labeling especially anything candy or chocolate like. I find that some families follow this advice but many do not and continue to use products with precautionary labeling.

Does anyone have thought on precautionary labeling for wheat and avoidance or not?

Wendy

[delete](#) [edit](#) [reply](#)

Antihistamine

Submitted by [JAIME](#) on Thu, 11/14/2013 - 3:12pm.

This is a great new addition to the website!

In your practices, are you using Zyrtec, Benadryl, or another antihistamine more for oral food challenges? And if you are doing DBPCFC's do you routinely use Zyrtec if they react on the first day, or do you stick with Benadryl?

Thank you!

[delete](#) [edit](#) [reply](#)

Antihistamine Use for DBPCFC - (Response)

Submitted by [79378](#) on Tue, 12/10/2013 - 2:57pm.

In our clinical practice we have both zyrtec and benadryl, but use zyrtec as our first line antihistamine.

Hope this helps.

[delete](#) [edit](#) [reply](#)

FARE Food Allergy & Anaphylaxis Emergency Care Plan

Submitted by [ANNEEB](#) on Mon, 09/30/2013 - 1:52pm.

I am wondering how many people are using the new FARE Food allergy care plan for patients/families? What is the feedback from families?

[delete](#) [edit](#) [reply](#)

FARE Food Allergy & Anaphylaxis Emergency Care Plan

Submitted by [DONNA W MITCHELL](#) on Mon, 06/09/2014 - 3:15pm.

I am finding that a lot of the families and providers prefer the old version of the Food Allergy Action Plan.

[delete](#) [edit](#) [reply](#)**FARE Food Allergy & Anaphylaxis Emergency Care Plan (Response)***Submitted by RUTGERJEN on Tue, 10/29/2013 - 1:39pm.*

We are not currently but will plan to in the near future so that we can stay consistent across the board.

[delete](#) [edit](#) [reply](#)**General topic: Food Allergies (Response)***Submitted by 100239 on Fri, 09/27/2013 - 8:40am.*

Thanks SHEELSTEW.

Even though dietitians are not involved in performing or ordering food allergy testing, I do cover that topic because there are many "alternative" (and unvalidated) testing methods that are strongly marketed to the nutrition professionals. I once did a 12 common food allergy myths talk that was popular with families. That is a good idea for professionals too. Thanks!

[delete](#) [edit](#) [reply](#)**General topic: Food Allergies (Response)***Submitted by SHEELSTEW on Thu, 09/26/2013 - 6:44pm.*

I think the subject of what is appropriate regarding testing and advising patients related to food allergies. Dispelling common myths, and updating on the latest research which dictates the guidelines is often popular in our academic setting.

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