



York and Scarborough  
Teaching Hospitals  
NHS Foundation Trust

# Home food introduction

Information for patients, relatives and carers

① For more information, please contact:

Paediatric Allergy Team

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# Food for home introduction

This leaflet outlines how to safely introduce new foods or previously avoided foods into your child's diet.

Your child will have attended clinic and had allergy tests, or their allergy history assessed. We believe that your child is not allergic to these foods and the risk of reaction is very small. It is now recommended the foods listed below can be carefully reintroduced into their diet at home.

## Food for home introduction:

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## When to perform

It is essential that your child is **well**.

Make sure that their eczema, asthma or hayfever are well-controlled. If your child has used their reliever (blue) inhaler in the last three days, then delay the home introduction until their wheezing episode has stopped.

It is important that your child is not taking any antihistamines before you start. Short-acting antihistamines such as chlorphenamine need to be stopped for **two days** before home introduction. Long-acting antihistamines such as cetirizine need to be stopped for **five days** before home introduction.

Some over the counter medications, such as cough and cold remedies, also contain antihistamines. If in doubt check with the allergy team or your pharmacist.

Continue to give any other regular medication that your child normally takes.

## Where to Perform

The first introduction of each new food should be performed in your **own home**, with two adults present in case of reaction, on a day when you are able to closely observe your child.

# How to undertake home introduction

Start early in the day and at a time when you can access help and advice if you need it. The paediatric allergy team are available Monday to Friday 09.00 until 17.00, although you might not be able to get hold of someone that day. Please remember we are available for advice only and are not an emergency service. For any medical emergencies please access your GP, A&E or dial 999.

Please ensure you have **your child's allergy medications**, such as antihistamines, adrenaline auto-injectors (e.g. EpiPen) and inhalers close by as well as a copy of their allergy action plan (if they have one) in case they have an allergic reaction.

Introduce one new item at a time and leave at least three days between each new food introduction.

Ensure that the food used does not contain, or is not contaminated with, any other foods your child is allergic to. Try to use pure foods where possible for the food introduction, rather than processed foods. Processed foods have many ingredients which may increase the risk of cross contamination.

If your child refuses to eat the food, do not force them. Try again another day.

Whole nuts should not be given to children under five due to the risk of choking. A wide variety of nut butters are available for younger children to try.

**To introduce the new food:**

- Rub a small amount of the food onto your child's inner lip. Observe for 30 minutes, letting them do their normal activities.
- If there is no reaction give your child a pea sized/half a teaspoon portion and wait 15 minutes.
- Double the amount every 15 minutes until they have had either:
  - A normal portion you would expect a child of their age to eat.
  - 180ml (6oz) to drink if introducing milk.
- Observe you child for two hours after they have had the final portion.

We recommend you document the introduction and any associated symptoms or reactions in the diary at the end of the leaflet.

# What to do if your child has an allergic reaction

**Stop** giving the food or drink immediately. Follow their allergy action plan.

## **Mild to moderate allergic reactions**

### **Signs:**

- Swelling (lips, face, eyes)
- Rash (hives)
- Itching
- Abdominal pain
- One episode of vomiting

### **Action**

- Give antihistamines (if vomited, repeat the dose)
- If your child has asthma you give six to 10 puffs of Salbutamol (blue inhaler) using a spacer, as per your asthma management plan if required
- Watch for signs of anaphylaxis (see overleaf)

## **Severe allergic reaction (anaphylaxis)**

### **Signs:**

- Difficulty/noisy breathing
- Swelling of tongue or tightness of throat
- Difficulty talking and/or hoarse voice
- Wheeze/persistent cough
- Loss of consciousness and/or collapse
- Pale and floppy (younger children)
- Persistent vomiting

### **Action**

- If your child has an adrenaline auto-injector (EpiPen/Jext) **administer immediately**
- Lay your child flat and raise their legs, if breathing difficult, allow to sit up. **Do not let them stand up.**
- Dial 999 for an ambulance quoting “anaphylaxis”
- If your child has asthma give six-10 puffs of Salbutamol (blue inhaler) using a spacer
- If your child has not improved in five minutes give their second adrenaline auto-injector (if they have one)



## **What to do if my child has a delayed reaction**

Delayed allergic reactions can occur between two and 72 hours after eating the food. Symptoms include worsening eczema, stomach pain, vomiting or loose stools.

If your child has a delayed allergic reaction, stop introducing the food and contact the allergy team to discuss whether to reduce or restart the introduction. Antihistamines can be given if needed but not normally required.

## **Following successful home introduction**

It is important that your child continues to consume the newly introduced food at least two to three times a week to maintain their tolerance. If your child dislikes the food, then it can be mixed with other foods they enjoy. If they are reluctant to eat nuts or nut butters, they can be ground up and sprinkled on some of their usual foods.

# Food and symptom diary

Completing a diary like this can be useful for you and the allergy team.

Date	Time	Food eaten	Quantity	Symptoms experienced	Duration

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact Paediatric Allergy Team 07984291824 or 07824452313  
yhs-tr.paediatricallergyysth@nhs.net

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

# Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

[www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/](http://www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/)

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