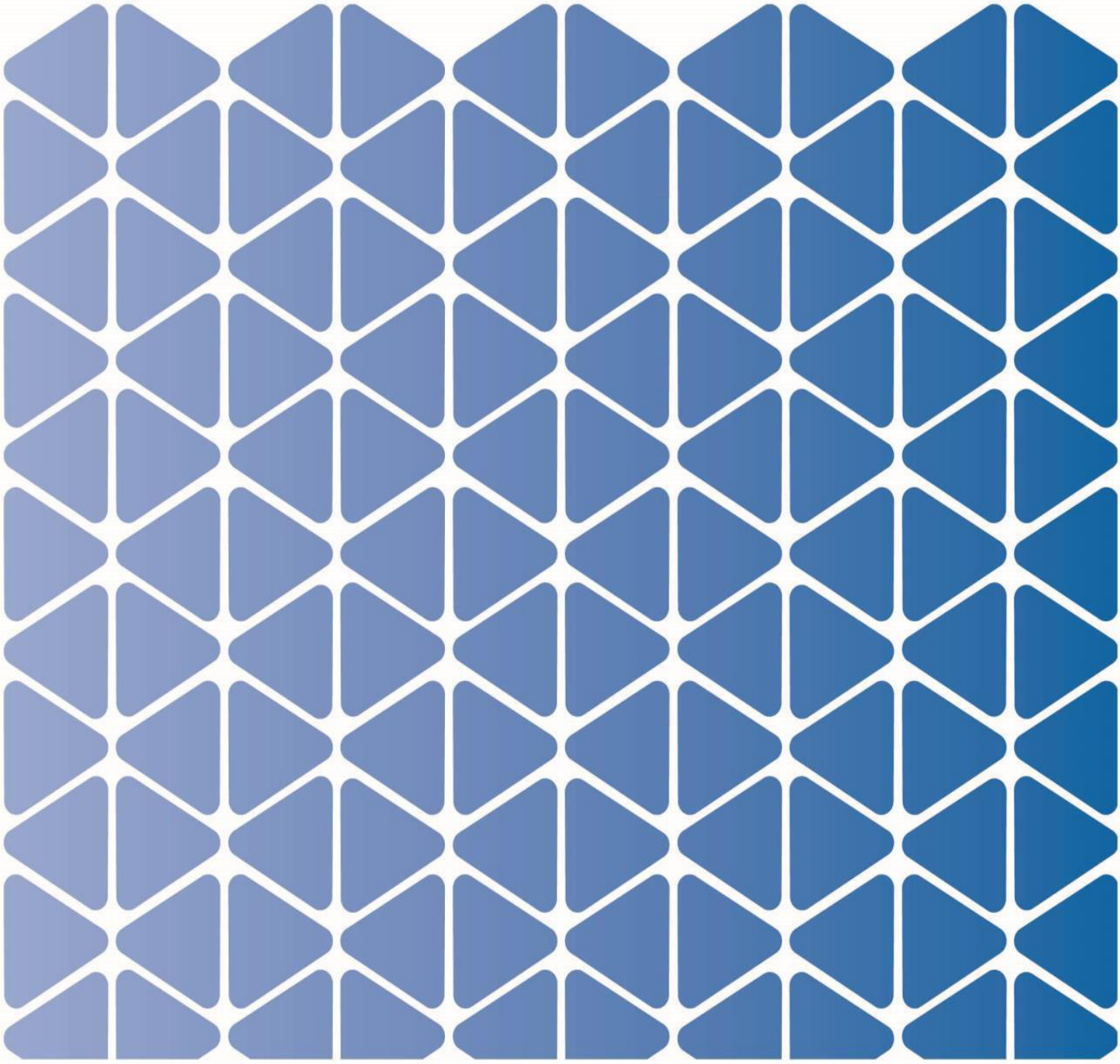
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

A GUIDE TO INTRODUCING EGG AT HOME



This leaflet is given following discussion with your healthcare team and is NOT suitable for children with previous, severe reactions to egg, unless guided under medical supervision.

Given to ……

By……after discussed on……

Please take some time to read this information guide before starting

Background

Most infants and children with egg allergy typically outgrow their allergy during early childhood. For those who have had previous mild reactions to egg (such as facial rash or vomiting, but not wheezing, throat tightening, or floppiness), introducing baked egg products at home may be appropriate. This guide is intended for parents and carers to assist with introducing egg into the diet at home. Individual variations may apply, as explained by healthcare providers.

Infants, children, or young people with more severe symptoms or complex allergies may require a hospital-based food challenge and ongoing review with their healthcare team.

The initial stage involves offering a small portion of egg that is thoroughly cooked and baked with wheat flour. Baked egg in flour is generally less likely to cause allergic reactions than larger amounts of egg or egg that is less cooked or raw. Egg introduction is usually structured using an introduction ladder, starting with a small amount of egg baked with flour, then progressing to larger quantities of well-cooked egg in flour, and eventually egg on its own.

The process aims to provide slow, stepwise doses of gradually increasing amounts of egg at intervals, so children eventually consume a range of baked egg products and, ultimately, egg on its own. Intervals between doses can be adjusted as needed. Offering small amounts frequently may help build tolerance.

If your child develops symptoms, treat accordingly and continue with a previously tolerated lower amount. **Stop if symptoms continue.**

Stage 1 - introducing baked egg at home

It is better to introduce home baked fairy cakes rather than shop bought ones as the egg content in commercial products is often lower and it is heavily processed. We suggest using large eggs to ensure your child is exposed to enough allergen.

Before starting make sure:

- ✓ You have some antihistamine available, and you know the dose recommended for your child.
- ✓ You have read and understood your Allergy Action Plan which outlines how to recognize and manage an allergic reaction.
- ✓ You can follow the recipe and instructions to make the fairy cakes in Box 1.
- ✓ Ensure your child is well (i.e. does not have a cold or fever) before starting each new step
- ✓ Eczema flares are controlled
- ✓ A biscuit recipe using 1 egg in 8 well-cooked biscuits (these can be savoury) is an alternative for children who dislike the texture of cake.

Box 1 - Recipe to make 8 fairy cakes:

- 1 large egg (include yolk and white)
- 4oz/ 114g self-raising flour*
- 4oz margarine or butter**
- 4oz/114g caster sugar

1. Preheat the oven to 180C/350F/Gas 4.
2. Cream the butter/margarine and the sugar together until light and fluffy.
3. Separately, whisk the egg and add it to the mixture
4. Slowly fold in the self-raising flour
5. If the mixture becomes too thick, add a small amount of milk or your child's usual milk substitute (e.g. soya/oat/coconut milk).
5. Divide the mixture equally between 8 paper muffin cases sitting in a muffin tin.
6. Bake in oven for 10-12 minutes

* to make recipe wheat free: Use 100g wheat free flour (e.g. Doves Farm*, Orgran*) with 2 teaspoons wheat free baking powder. Or 100g gluten free self-raising flour (e.g. Doves Farm*, Orgran)
** Or dairy free alternative

Process

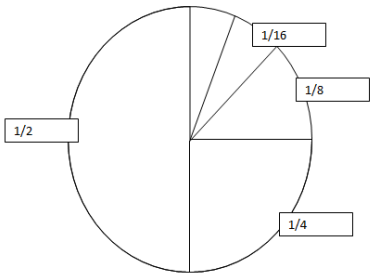
Ensure your child is well before starting and you are able to give them your full attention before starting each new step. We recommend starting each new step at home or in a familiar environment.

Step 1: Begin by giving your child 1/16th of the cake to eat. Allow the child to continue normal activities. Observe your child for allergic symptoms such as local redness, itch or swelling.

Step 2: If your child did not have any symptoms, the next day, give your child a 1/8th of the cake/biscuit to eat and observe.

every few days or each week, increase the amounts of cake to ¼ and ½ and finally a whole fairy cake (see diagram below).

Measuring a fairy cake (viewed from the top)



Observe for local redness, itch, swelling, hives (nettle sting type rash), tummy pain, vomiting or breathing difficulties after each dose.

Step 3: Once one fairy cake using the 1 large egg recipe is tolerated, follow the plan above but add 2 large eggs to the recipe. Repeat steps 1 and 2 until a whole fairy cake is tolerated.

Step 4: When they can tolerate a 2 large-egg fairy cake recipe, try other foods that are baked and contain eggs such as those listed in Box 2. Try to have something every day but reduce the quantity if there is evidence of any symptoms. See Box 2 at the end of this leaflet.

What happens if my child develops allergic symptoms?

- If symptoms occur at any stage, give a dose of antihistamine (according to your Allergy Action Plan or as prescribed) and observe your child for further symptoms and follow your Allergy Action Plan.

- Once your child has recovered, continue to regularly give smaller amounts of the cake that were previously tolerated. After a couple of months try again at the next stage up.

- If symptoms occurred on low doses (i.e. 1/16th or 1/8th amount), stop introduction, and try again in 6 months or discuss with your child's medical team.

Important points to consider:

- Typical allergic symptoms usually occur less than 2 hours after ingesting food
- Delayed eczema flares should be treated using emollients and topical steroid creams, if prescribed. Mild eczema flares are not usually an indication to stop introducing egg, if your child is well. However, if the eczema is worsening and not under control or your child is unwell then egg introduction should be

paused whilst the eczema is treated. Restart the egg introductions at a lower stage and build up again.

- If you choose to buy a cake, or decorate a cake with icing, check the ingredients of the icing. Many cake icings (including ready-made butter icing, fondant, royal, frozen gateaux) contain raw egg white and may cause an allergic reaction.
- If your child has other food allergies (e.g. nut, milk), continue to check ingredients for those allergens.

Box 2 – Suggested other forms of baked and very well-cooked egg

-Cake (2 egg/8 fairy cakes recipe) (shop brought or homemade)
-Hard Biscuits
-TUC crackers
-Mini frozen Yorkshire pudding (shop brought)
-Pastry containing egg (sausage roll, choux)
-Jaffa cake
-Breadcrumb coating (e.g fish fingers)
-Wheat free bread/bread sticks
-Bread containing egg (e.g. brioche, croissants, naan, focaccia)
-Muffins, madeleines, scotch pancakes, welsh cakes
-sponge fingers, trifle sponges
-Soft cookies
-Toasting waffles
-Waffle cones
-Egg pasta
-Cooked egg glaze
-Prawn crackers

Stage 2 - Increasing amounts of well-cooked egg

Pancake introduction can start once cake is well tolerated and child is regularly eating a selection of baked egg such as those listed in Box 2.

Do not move to this stage if your child is not regularly eating to foods in Box 2, approximately 2-3 times per week.

Moving to the next level of the introduction ladder helps assess further tolerance of egg in higher amounts and cooked for slightly less time.

Before starting make sure:

- ✓ You have some antihistamine available, and you know the dose recommended for your child.
- ✓ You have read and understood your Allergy Action Plan which outlines how to recognise and manage an allergic reaction.

- ✓ Ensure your child is well (i.e. does not have a cold/fever) before starting each new step.
- ✓ Eczema is well controlled with no active flares.

Box 3 - Suggested homemade pancake recipe

- 100g plain flour,
- 1 large egg,
- 300ml milk (or alternative as required),
- 1tbsp oil (plus extra for frying)

1) Mix all the ingredients together with a whisk, ensuring there are no lumps
2) Heat oil in a frying pan and either use a ladle or spoon to pour in some mixture to the desired size pancake
3) Pancake should be well cooked on both sides.

Left over pancakes can be individually wrapped in cling film and frozen for up to a month if required.

Process

Ensure your child is well before starting and you are able to give them your full attention before starting each new step.

Step 1: Give your child a 5x5cm sized amount of pancake to eat.

Step 2: If there have been no symptoms, a few days later, give your child twice the amount of pancake to eat.

Step 3: Repeat step 2 until a pancake is finished or what you would consider a portion appropriate for your child. Introduction can be gradual and at a speed comfortable for you and your child.

What next?

If the pancake has been tolerated, then you can try a two egg recipe. When your child can eat this regularly along with other food with higher amounts of cooked egg. See Box 4 for suggestions

Box 4 – Well-cooked egg examples

Home made pancakes, crepes, waffles
Home made Yorkshire pudding
Egg noodles

The next stage involves giving egg on its own.

Stage 3 – A guide to introducing cooked egg, on its own, at home

Well cooked egg on its own (i.e not cooked within other foods) can be introduced once baked and well cooked egg in other foods has been regularly consumed for 3-6 months with no allergic concerns.

You can introduce scrambled egg, omelette or hard-boiled egg depending on what texture you think your child would prefer. Please only add other ingredients that you know your child can tolerate (e.g. milk).

Before starting make sure:

- ✓ Ensure your child is well, with no recent fevers or viral like illness.
- ✓ You have some antihistamine and you know the dose recommended for your child.
- ✓ You have a copy of your Allergy Action Plan.
- ✓ You are able to observe your child for 2 hours after starting each new dose.

Process

Scramble one egg until it is cooked through with no runny bits. Or prepare a firm omelette. A hard-boiled egg must be firm and well-cooked throughout.

1) Give your child ½ a teaspoon of scrambled egg/omelette/hard-boiled egg.
2) Observe your child.
3) The next day, if your child has no symptoms, double the amount you gave i.e. 1 teaspoon.
4) Continue doubling the doses, minimum 24 hours apart, until your child has consumed 1 egg
5) If symptoms develop, stop, administer antihistamine according to your Allergy Action Plan or seek medical attention.

Inform your doctor or healthcare team so it can be documented, and advice given if necessary. This stage should be repeated in about 6 months' time. **Do not stop giving baked and well-cooked egg, cooked in flour, to your child.**

If a portion of cooked egg on its own has been tolerated, then your child should continue to eat cooked egg in their diet. Where possible, try other types of cooked egg.

Once whole egg is tolerated and frequently eaten in their diet, try small amounts of less cooked egg such as lightly scrambled egg, carbonara sauces and boiled

egg with a runny yolk. These should be introduced with caution in a familiar environment, with antihistamine present.

For further questions, please contact your healthcare team on:

Contact team name:

Telephone:

Email:

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.