

RCPCH Allergy Care Pathways Project: Taking an allergy focused clinical history

In 2009 the RCPCH was commissioned by the Department of Health to develop a series of evidence-based care pathways for children with allergies. In developing the care pathways the working groups consistently recommended the importance of taking a good clinical history that was allergy focused. As a result the Allergy Care Project Board decided that a set of questions would be developed to facilitate taking an allergy focused clinical history.

The Project Manager worked with the Chairs of each condition-specific working group to develop a set of questions and other health professionals were also invited to submit questions. This set of questions was then subject to a three round Delphi consensus. The questions contained in this document are the outputs of that Delphi consensus.

There are a series of questions grouped according to themes. The first set contains three screening questions for identifying allergy in the community. These three short questions should be used to screen if a patient might require more detailed allergy questioning. If yes is answered to question one or two with or without three then the child warrants further allergy history taking and/or investigations. three adds to the probability that allergy is involved. The health professional may have the competence to do this within primary or community care but if they do not referral to a professional who can undertake this history is warranted.

The further history taking is presented across six areas. Not all the areas will be relevant to all patients. The questioning will partly depend on the child, young person or parent/carer responses. There are

- Two general history questions (p3)
- Nine general allergy history questions (p4)
- Eight food-related questions (p7)
- Seven respiratory-related questions (p9)
- Five Ear, Nose and Throat (ENT)-related questions (p11)
- Five skin-related questions (p14)

Screening questions for identifying allergy in patients in the community.

1. **Is there a personal history of allergy?**
 - wheezing / cough disturbing sleep at night / on exertion
 - itchy rash in skin creases or elsewhere
 - uncontrollable sneezing and/or itchy red eyes in mornings or pollen season / runny/itchy/or blocked nose disturbing sleep
 - consistent reaction to food(s) which may involve skin, airways, abdominal pain, vomiting, diarrhoea
 - reactions that involve swelling of eye-lids/lips

2. **Are environmental exposures consistently related to symptoms?** The family might not have linked these so go through a list that includes:
 - pets
 - food*

*some people will only react to raw foods and not cooked foods and this depends on the food (e.g. raw apples not apple juice, cooked egg/milk)

3. **Is there a family history of allergy?**
 - parents and/or siblings with asthma, eczema, hay-fever or food allergies

GENERAL HISTORY TAKING

1. Check the patient's medical notes / clarify with patient/carer for:
 - Current regular (non allergic) medications
 - Referral letter for presenting complaint, if relevant
 - Laboratory results for previous investigations (esp tryptase, specific IgE) / obtain a copy

2. Life style history
 - Home conditions (heating / dampness / pets - how long
 - Social history (including smoking and exposure to other pollutants)

GENERAL ALLERGY HISTORY

1. History of presenting complaint.

- age at onset
- frequency/pattern stable / increasing in severity
- consistency of symptoms
- dose-trigger symptoms / time between exposure and onset of symptoms (explore in more detail with following questions)
- duration
- medication given / response (does it help?)
- specific questions about asthma, eczema, hayfever, food allergy, anaphylaxis, oral allergy syndrome, urticaria, drug allergy, animal dander allergy (if yes, ask about medications)

2. Symptoms and reactions. What are the symptoms of concern? What is their severity? Ask for a thorough description of the most recent reaction.

- itching / tingling
- redness, flushing
- urticaria (define this for the patient) / localised or generalised
- angio-oedema (define this for the patient) / location / substantial tongue swelling
- pharyngeal swelling / throat swelling / pain / difficulty swallowing
- laryngeal swelling / speech / alteration in voice /
- breathing difficulties / chest tightness / shallow breathing / wheeze (define this for the patient) / asthma
- coughing / sneezing
- nausea / vomiting / diarrhoea (define this for the patient) / abdominal pain
- fainting / light headedness / blurred vision / loss of consciousness / collapse

3. Ask if there are problems with:

- specific food(s): milk / eggs/ wheat / peanuts / tree nuts / fish / shellfish / sesame / legumes
- tingling of the tongue or mouth when eating fruits / vegetables
- eating cooked / tinned fruits and vegetables
- latex: rubber gloves, condoms, blowing up party balloons, underwear
- anything else

4. What triggers symptoms/reactions? Are symptoms/reactions consistently associated with:

- small / minor or large / major exposure to any presumed / potential allergenic precipitant
- seasonal or perennial / weather (hot/cold)

- persistent or intermittent
- location / worse-better at: school-nursery / during holidays /outside-in the home / doing hobbies
- exposure to pets / animals
- specific foods (ask leading questions)
- exercise (+/- foods)
- drugs (any type but consider specifically aspirin / NSAID)

5. Situations leading up to the reaction within 1 hour / 6 hours:

- food
- medication(s) taken
- exercise
- season / weather (hot / cold)
- location (e.g. home, grass field, animal dander, dust, latex exposure)

6. Management of previous allergic reactions. Ask about

- symptoms resolved without specific / medical intervention
- medication given / which route / time from treatment to recovery
- drugs used for managing ongoing symptoms - adherence to treatment regimes / efficacy / side effects of treatment
- resolved allergies (e.g. egg, milk allergy, infant eczema, wheezing)

7. Family history. Ask if in the first degree of relatives of you/your child, ie. parents, brothers or sisters, is there a history of

- Asthma. If yes, who...
- Rhinitis/Hayfever. If yes, who...
- Eczema. If yes, who...
- Food allergy. If yes, who...

8. Quality of life. Assess how symptoms/reactions/management impact on the quality of life of the child and family (address child first, then family)

- school / nursery / work
- school dinners / school events / school trips
- leisure time (e.g. parties, holidays)
- sleep
- family diet
- other

9. Education and key communication points, including avoidance advice

- Management plan written down and explained verbally
- Check knowledge of medications given eg when to give and how eg adrenaline injectors, inhalers
- Management plan shared with primary care and school/nursery
- Signposting to patient information / support groups / patient leaflets
- Any further concerns

FOOD ALLERGY HISTORY

1. Was the child breast-fed?

- duration / partial-exclusive
- if exclusively breastfed, maternal dietary intake / foods avoided
- age when formula / milk introduced
- which formula (soya / hypoallergenic) / milk
- changes in formula milk / subsequent reactions
- took feeds well or seemed uncomfortable
- problems weaning

2. Weight gain. Ask about

- history of failure to gain weight
- appetite / do they eat well / enjoy food

3. Dietary history from birth. What food groups are eaten and any reaction(s)? Ask about age of onset of symptoms / frequency / consistency of reaction(s)

- cows milk
- egg
- peanuts
- tree nuts (walnuts / hazelnuts / almonds / Brazil nuts / cashew nuts)
- sesame / hummus (sesame+chickpea)
- wheat
- fish
- shellfish
- legumes and pulses (soya, chickpea, kidney bean, lupin, baked beans)
- fruits/vegetables (banana / kiwi fruit / potato / chestnut / tomato /avocado)
- Any food(s) avoided

4. Family history, ask if

- either parent avoids certain foods
- if 'yes', why?

5. As a baby

- irritability
- problem sleeping
- persistent crying
- back arching
- colic
- vomiting / reflux (small amount of milk but not vomiting)
- constipation / straining
- crying when their bowels are opened

- eczema, age of onset

6. Now (if no longer baby)

- blocked runny nose
- respiratory symptoms / cough / wheeze
- blood or mucus in motions
- redness around bottom / soreness
- difficulty swallowing / food sticking
- sleep patterns
- late manifestations of allergy especially gastro-intestinal, eczema

7. Symptoms and reactions. What are the symptoms of concern? What is their severity? Ask for a thorough description of the most recent reaction. Ask about age of onset of symptoms / frequency / consistency of reaction(s)

- clinical manifestation / duration (e.g. skin, gastrointestinal, respiratory, cardiovascular)
- in relation to exposure to a given food (up to six hours) / more than one factor (e.g food plus exercise)
- food ever be eaten without these symptoms occurring
- first reaction to that food, if answer 'no' then severity of previous reaction
- quantity / type (e.g. raw / cooked)
- reaction on skin contact (e.g. parent eating peanut, kissing child)
- symptoms present at times other than after exposure to a given food

8. Management of previous reactions to food. Ask about:

- symptoms resolved without specific / medical intervention
- medication given / which route / time from treatment to recovery

RESPIRATORY SYMPTOMS HISTORY

- 1. Respiratory symptoms and reactions. What are the symptoms of concern? What is their severity? Ask for a thorough description of the most recent reaction.**
 - asthma
 - wheezing (define for patient/carer): inspiratory or expiratory
 - if wheeze, does your child wake in the morning sounding wheezy? How often?
 - chest tightness / breathlessness / difficulty breathing / does it limit exercise
 - chest infections
 - cough (dry / moist / night - sleep disturbed)
 - if cough, how often does your child cough in any average week?
 - if cough, how often does your child wake from coughing in any average week?
 - upper airway infections
 - nasal symptoms: runny nose / sneezing / blocked nose / post nasal drip
 - ocular symptoms: sore / itch / red / running
 - symptoms change in different environments e.g. holiday or other location
 - acute intermittent vs chronic symptoms
 - age of onset / years with symptoms
 - staying same / getting worse / getting better / frequency
 - consider other diagnoses, explore with specific questions eg stool colour, FTT, recurrent infections, choking episode (inhaled foreign body) esp if non-atopic child
- 2. What triggers symptoms/reactions? Are symptoms/reactions consistently associated with:**
 - exercise
 - infections
 - environmental e.g. smoking
 - season e.g. spring and summer or cold weather
 - animals
 - dust
 - pollen
- 3. Have you/your child had urgent care or unscheduled appointments for breathing difficulties, asthma or wheeze?**
 - treatment needed
 - A&E attendances / hospital admissions
 - if yes, was intensive care / high dependency care needed

- 4. Management of previous breathing difficulties, asthma, wheeze. Ask about:**
 - treatment(s) / type, dose, technique (explore steroid tablet use)
 - did treatment(s) help?
 - use of treatment plan written / symptom diary
 - concordance with treatment prescribed (agreement between health professional and patient) / adherence (are you good at taking your inhalers or do you sometimes forget?)
 - when asthma treatment last reviewed by a doctor or nurse
 - explore inhaler use at school/nursery

- 5. Home / living conditions**
 - family members smoking
 - bedroom / home (carpet / floorboards)
 - dampness / condensation / mould growth
 - animals / pets at home

- 6. Quality of life. Assess how symptoms/reactions/management impact on the quality of life of the child and family (address child first, then family)**
 - impact on normal activities? e.g. sleep, play, run around, play sports
 - if sleep disturbed, how often
 - number of missed school days
 - impact on school performance
 - other

- 7. Education and key communication points, including avoidance advice. As per general allergy history plus:**
 - check inhaler technique

EAR, NOSE, THROAT (ENT) SYMPTOMS HISTORY

1. Symptoms and reactions. What are the symptoms of concern? What is their severity? Ask for a thorough description of the most recent reaction. Ask about age of onset of symptoms / frequency / consistency of reaction(s)

- conjunctivitis: redness, swelling, watery / tearing
- rhinitis: nasal itching, sneezing, blockage, watery secretions / nose always running / nasal discharge (and colour) / congestion / loss of smell
- unilateral or bilateral symptoms
- headaches / facial pain
- snoring (+/- disturbed sleep)
- mouth breathing
- chest symptoms: cough (dry/wet) / wheeze
- voice changes
- recurrent infections: nasal / throat / tonsillitis / ear
- constant cold / more infections than other children?
- acute intermittent vs chronic symptoms
- check if symptoms suggest asthma
- atypical symptom screen. blood stained nasal discharge?

2. What triggers symptoms/reactions? Are symptoms/reactions consistently associated with:

- change of location (e.g. holidays)
- worse in specific months / any diurnal or seasonal variation / winter vs summer / day vs night vs early AM
- animals (including pets)
- grass / trees / weeds
- smoke
- dust
- foods
- drugs
- explore substance misuse/abuse, if relevant
-

3. Management of previous reactions. Ask about:

- medications: antihistamines (type) / nasal steroids / eye drops
- was steroid rescue treatment necessary?
- commencement of treatment(s) / alone / in combination / regularity
- do treatments help?
- demonstrate use: nasal spray / nasal drops, as relevant

4. **Assess quality of life: how do symptoms impact on lifestyle of child and family? (address child first, then family)**
 - affect on normal activities e.g. sleep, outdoor play/sports
 - days of school missed
 - impact on school performance
 - emotional / mood disturbance

5. **Education and key communication points, including avoidance advice. As per general allergy history plus:**
 - check nasal spray / nasal drop technique

SKIN SYMPTOMS HISTORY

1. Symptoms and reactions. What are the symptoms of concern? What is their severity? Ask for a thorough description of the most recent skin flare/reaction. Ask about age of onset of symptoms / frequency / duration / distribution / consistency of reaction(s) / where does it start (face / tongue / arms / legs / trunk / back / neck / scalp)
 - if rash, does it ever go completely? how often does it occur?
 - angio-oedema (define for patient): itching / swelling
 - urticaria: rash (raised, reddish with central pallor) / itching / duration (<24hrs) / distribution / +/- swelling
 - if urticaria resolve without scarring or pigmentation / response to antihistamine
 - eczema: reddish / dry / crusted / weeping / itchy rash
 - if eczema, infections common?
 - if eczema, how often bath/shower/swim
 - if infant + mild-to-moderate eczema, take more detailed food history
 - related to contact with anything specific (aeroallergen, pets, pollen, dust) or after eating any specific foods
 - nocturnal symptoms / disturbed sleep
 - asthma present

2. What triggers symptoms/reactions? Are symptoms/reactions consistently associated with:
 - location e.g. holiday or other location
 - weather (hot / cold)
 - food (including introduction of foods)
 - emotion
 - exercise
 - topical creams / bubble baths / fragrances
 - drugs (especially NSAIDS)
 - intercurrent illness

3. Management of previous skin rashes and flares. Ask about
 - medications/treatments that make it better/worse
 - symptoms occur despite the medication?
 - special diet

- current treatment(s)/medication(s). Ask about the following:

| Treatment | NOW | PAST | HELPFUL | UNHELPFUL |
|--|-----|------|---------|-----------|
| emollients (moisturisers) | | | | |
| bath oils | | | | |
| topical steroids / amount per week/month / potency | | | | |
| wet wraps | | | | |
| antihistamines / types | | | | |
| complementary and alternative Medicine: Homeopathy / Herbal / others | | | | |
| | | | | |
| house dust mite reduction | | | | |
| | | | | |
| any others | | | | |

4. Quality of life. Assess how symptoms/reactions/management impact on the quality of life of the child and family (address child first, then family)

- How much has the eczema bothered your child in the last week? Please give a number from 0-10 (0= no bother at all; 10=the most bother you can imagine)
- worst places on the body affected?
- impact on normal activities e.g. sleep, play/social life, nursery/school
- if sleep is affected, on average: times a week waking / times per night waking?
- most distressing thing about your / your child's eczema? (e.g. itch, sleep)
- consider administering the Patient Oriented Eczema Measure (POEM)

5. Education and key communication points, including avoidance advice. As per general allergy history plus:

- dietetic advice
- explore if creams available at school/nursery, other places, where applicable