

# FOOD ALLERGY (IGE) - HIGH ALERT MEAL SERVICE, CHW

## PRACTICE GUIDELINE<sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

- This document describes the process for nurses when a patient at risk of anaphylaxis to food is admitted as an inpatient, including:
  - The identification and documentation of food allergies for children admitted to CHW
  - Communication between nursing staff, parent/carer, the multidisciplinary team and Diet Office
  - Ordering and provision of food for children with allergies
- **Food Allergy is defined as:**  
An abnormal immune mediated reaction to ingested food, resulting in clinical symptoms. Reactions can occur after eating a small amount, even traces, of food.
- **A High Alert allergy inpatient is defined as a person who:**
  1. Carries an EpiPen due to risk of anaphylaxis from food

**AND/OR**

  2. Has an ASCIA Action Plan for Anaphylaxis (red) or ASCIA action plan for Allergic Reactions (green)

### CHANGE SUMMARY

- New document

### READ ACKNOWLEDGEMENT

- Read Acknowledge Only – Clinical and Clerical staff working on inpatient wards at CHW

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
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<b>Team Leader:</b>	Registered Nurse	<b>Area/Dept:</b> Allergy and Immunology

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## 1 Aim

To assist staff in identifying patients admitted to the Children's Hospital at Westmead with known IgE mediated food allergies, and initiate and deliver a High Alert Food Service Meals safely during their hospital stay.

## 2 Risks

Incorrect provision of meals to patients with IgE mediated food allergies can result in adverse and potentially life-threatening reactions (anaphylaxis).<sup>1</sup>

## 3 Definitions

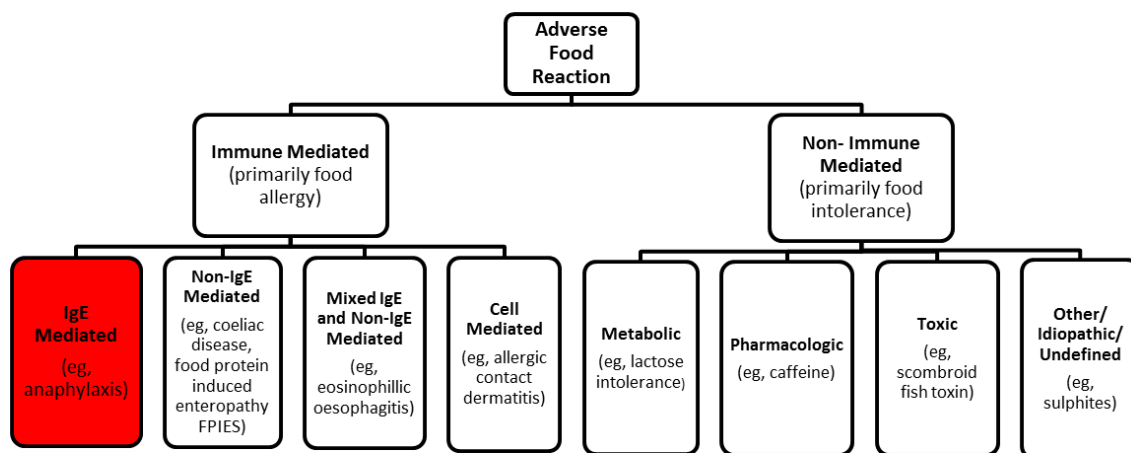
For the purpose of this guideline the Australasian Society of Clinical Immunology and Allergy (ASCIA) definitions of allergy and anaphylaxis will be used:

- **Allergic reaction:** occurs when someone develops symptoms following exposure to an allergen. Allergic reactions can range from mild to severe<sup>2</sup>.
- **Allergy:** when a person's immune system reacts to substances in the environment that are harmless for most people. These substances are known as allergens<sup>2</sup>.
- **Anaphylaxis:** the most severe form of allergic reaction requiring urgent medical treatment<sup>1</sup>.
- **Food Allergy:** an abnormal immune mediated reaction to ingested food, resulting in clinical symptoms<sup>2</sup>. (see IgE mediated food allergy)
- **Food Intolerance:** food intolerance does not involve the immune system and does not cause severe life-threatening allergic reactions (known as anaphylaxis)<sup>3</sup>. Reactions are dose related and are often delayed. Symptoms may include headaches or gut symptoms after eating<sup>1</sup>.
- **High Alert Allergy inpatient at CHW:**
  - Carries an EpiPen®/red ASCIA Action Plan for Anaphylaxis due to risk of anaphylaxis from food
  - OR**
  - Has a green ASCIA Action Plan for Allergic Reaction for food allergy

*Children with a green action plan have not been prescribed an EpiPen but as they have IgE medicated food allergy they may still be at risk of anaphylaxis to food.*

- **High Alert Meal Service System at CHW:**
  - A set of procedures and guidelines designed to ensure safe food service to inpatients at risk of anaphylaxis to food
  - Encompasses food procurement, preparation, plating and delivery
- **IgE mediated food allergy:** Food allergy that is caused by the presence of specific Immunoglobulin E<sup>2</sup>.

**Only IgE mediated food allergy can cause anaphylaxis**



Source: Adapted from Boyce et al. JACI, 2010 <sup>4</sup>

- **High Alert Patients do NOT include:**
  - Coeliac disease
  - Food intolerances such as lactose intolerance
  - Cultural or religious dietary preferences

## 4 Diagnosis

Diagnosis of food allergy

IgE mediated food allergy is diagnosed through a detailed medical history in conjunction with skin testing or serum specific IgE testing performed by specialists qualified in interpreting the results.<sup>3</sup>

The formal diagnosis of IgE mediated allergy should be accompanied by the provision of an ASCIA Action Plan signed by a medical or nurse practitioner. A letter from an Allergist/Immunologist is also confirmation of diagnosis.

## 5 Admission

Relevant policy and practice guidelines:

- ADMITTING A PATIENT TO THE WARD: NURSES ROLE IN ORIENTATING FAMILIES/CARERS Procedure 2006-8008
- NUTRITION CARE Policy 2012-9038 v3
- PATIENT MEAL SERVICE, FOOD AND NUTRITION – CHW Policy 1/A/09:8051-01:01

## 5.1 Allergy Status

**5.1.1** It is the responsibility of medical, nursing, dietetics and pharmacy staff to ensure allergies and any adverse reactions are documented and reviewed for accuracy<sup>5</sup>.

**5.1.2** A discussion with the parents/ carers must occur regarding any allergies or adverse reactions to medication, food or other allergens their child may have<sup>5</sup>.

**5.1.3** Allergies are to be recorded in Electronic Medical Records (eMR) / PowerChart. This can be documented via:

- the “Allergies” tab
- the Nursing Initial Assessment
- the Nursing Admission Assessment

At present allergies are not a compulsory criteria in medical/nursing assessment forms/templates therefore it is the practitioners responsibility to ensure allergy status has been recorded.

## 5.2 Identification bands

Where a patient has a documented allergy and/or adverse reaction to a medicine the white /clear patient identification band should be replaced with a red patient identification band with a white panel. Only the patient details are to be recorded on the band, not the allergy.<sup>6,7</sup> Patients with IgE mediated food allergies are to have a red identification band.

Identification bands may need to be changed if allergies are declared and are documented on eMR after the patient was been admitted by the CSA.

# 6 Food ordering and provision

At CHW, patients at risk of anaphylaxis to food are identified within the food production process as “High Alert” patients.<sup>8</sup> The High Alert process ensures that food is procured, handled and plated safely to minimise risk of the presence of allergens.

## 6.1 Diet codes

All new admissions are to have diet codes entered on the Patient Management System (PMS) by nursing or clerical staff. The appropriate allergen free diet code is to be entered on PMS. Multiple allergen free diet codes can be entered. If assistance is required to enter the correct codes or the correct allergen free code is not listed please contact the diet office or ward dietitian. Correct diet code entry will result in provision of an appropriate diet, however, the diet code alone does not initiate the additional protections associated with a “High Alert” meal.

Once entered, diet codes for High Alert patients must not be altered at ward level without speaking with the dietitian first, even if it is simply a change in food texture.<sup>8</sup>

## 6.2 High Alert notification

Children who have been diagnosed with IgE mediated food allergy and carry an EpiPen and ASCIA Action Plan for Anaphylaxis, or have a green ASCIA Action Plan for Allergic Reaction without prescription of an EpiPen, are to be classed as "High Alert".

Once the risk of anaphylaxis to food has been identified and the diet code is entered on the PMS, nursing staff/ CSAs are to telephone the diet office on **#52238** to initiate a high alert meal. (A high alert meal will not be activated until the diet office is contacted via telephone).<sup>8</sup>

The diet office requires the following information: ward, patient details and high alert meal requirement.

Once diet codes are entered and high alert status is notified, the diet office can generate menus for the caregiver to complete. In some cases, food selection is made by the dietitian.

If the patient will be going on gate pass or leave of any kind please notify the diet office before they go on leave so that the diet office can ensure menu preferences are saved (and avoid removal of selections or incorrect selections).

## 6.3 Dietitian referral

When a High Alert notification is made, the diet office will contact the ward dietitian. The dietitian will then liaise with the patient's caregiver/family, the nursing staff and the diet office to coordinate provision of the High Alert meal system. Routine referral to the ward dietitian or allergy dietitian is not necessary by nursing staff unless there are concerns or queries.

For further information regarding dietitian tasks for High Alert patients, please see Food Allergy: Inpatients at Risk of Anaphylaxis to Food, Dietitian Protocol.

## 6.4 High Alert Meal Preparation

High Alert Procedures adhered to within the Diet Office and Food Services are available on request. Please contact the dietitian for further information.

## 6.5 Serving of High Alert meals

Meals are brought to the ward on a trolley by food service assistants. It is the responsibility of allocated ward staff to distribute the meals. High alert meals will be provided from the kitchen to the ward on a red tray. Before handing out a high alert meal, the person responsible is to:

1. Check with team leader to confirm the current High Alert patients on the ward
2. Check the food on the red tray matches the meal ticket
3. Ensure all food packaging has red dot sticker on it
4. Perform a 3 point ID check, and ensure the patient details match the meal ticket

If errors or concerns are raised when performing these checks, please contact the diet office on extension 52238

## 6.6 Food from home

If meals are brought in from home or outside the hospital, families should follow the SCHN factsheet on Food Safety found at

[http://www.schn.health.nsw.gov.au/files/factsheets/food\\_safety-en.pdf](http://www.schn.health.nsw.gov.au/files/factsheets/food_safety-en.pdf)

If not eaten immediately, food for individual patients needs to be clearly labelled and stored appropriately.<sup>8</sup>

## 6.7 Mid meal snack trolley

High Alert patients should not select foods from the mid meal trolley. If required, the dietitian can arrange mid meal snacks in consultation with the family.

# 7 Risk management strategies

Though risk cannot be completely eliminated, measures can be taken to reduce risk factors. Wards with specific patient needs, such as Hall ward, may need to develop strategies in relation to patient population. In addition to the above strategies, the following is also advised:

## 7.1 Handover

All food allergies are to be included on the ward handover sheet and are to be communicated to staff during ward and bedside handover. If a patient is at risk of anaphylaxis to food, this should be clearly communicated and documented on ward handover sheet.

## 7.2 Hand washing

Hand washing with soap and water is the most effective way to remove food particles from hands. Alcohol rub/sanitizer does not remove food proteins.<sup>3, 13</sup>

## 7.3 Cross contamination/Common eating areas

Though there is negligible risk of a child having anaphylaxis from contact with food unless it comes into contact with mucous membranes, some very sensitive individuals can react to very small amount of food protein that may occur from cross contamination.<sup>13</sup>

- Cross contamination precautions such as washing hands and cleaning surfaces can reduce this risk.<sup>13</sup>
- Avoid sharing utensils, crockery or drink containers.<sup>13</sup>
- Advise families not to share food with other patients and wash their hands after eating.

## 7.4 Patient information factsheet.

A patient/carer 'High Alert' information sheet is under development.

## References

1. National Allergy Strategy 2018, 'Policy – Food allergy and food intolerance template', <https://foodallergytraining.org.au/mod/page/view.php?id=67>, accessed 26 April 2019.
2. Australian Society of Clinical Immunology and Allergy (ASCIA), <https://www.allergy.org.au/>
3. Australian Society of Clinical Immunology and Allergy (ASCIA), 2017, 'Food Allergy Clinical Update', [https://www.allergy.org.au/images/stories/pospapers/ASCIA\\_HP\\_Clinical\\_Update\\_Food\\_Allergy\\_2017\\_HP\\_version.pdf](https://www.allergy.org.au/images/stories/pospapers/ASCIA_HP_Clinical_Update_Food_Allergy_2017_HP_version.pdf) viewed on 12/2/18
4. Boyce JA, Assa'ad A, Burks AW, Sampson HA, Wood RA, Plaut M, Cooper SF, Fenton MJ, Arshad SH, Bahna SL, Beck LA, Byrd-Bredbenner C, Camargo CA Jr, Eichenfield L, Furuta GT, Hanifin JM, Jones C, Kraft M, Levy BD, Liebderman P, Luccioli S, McCall KM, Schneider LC, Simon RA, Simons FE, Teach SJ, Yawn BP, Schwanger JM, 2010, 'Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel', *Journal of Allergy and Clinical Immunology*, Dec, 126 (Suppl):S1-58
5. Sydney Children's Hospitals Network, ADMITTING A PATIENT TO THE WARD: NURSES ROLE IN ORIENTATING FAMILIES/CARERS PROCEDURE, <http://webapps.schn.health.nsw.gov.au/epolicy/policy/14/download>, accessed 06/03/18
6. NSW Ministry of Health, 2014, Patient Identification Bands, Policy Directive, [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014\\_024.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014_024.pdf), accessed 24/05/19
7. Sydney Children's Hospitals Network, PATIENT IDENTIFICATION BANDS POLICY, <http://webapps.schn.health.nsw.gov.au/epolicy/policy/3551/download>, accessed 24/05/19
8. Sydney Children's Hospitals Network, PATIENT MEAL SERVICE, FOOD AND NUTRITION - CHW POLICY, <http://webapps.schn.health.nsw.gov.au/epolicy/policy/2119/download>, , accessed 24/05/19
9. Sydney Children's Hospital Network, 2015, 'Food Safety' Fact Sheet, [http://www.schn.health.nsw.gov.au/files/factsheets/food\\_safety-en.pdf](http://www.schn.health.nsw.gov.au/files/factsheets/food_safety-en.pdf) , accessed 21/03/18
10. NSW Ministry of Health, 2019, personal correspondence from Martin Power, Principal Pharmaceutical Officer | Medication Management
11. Victorian State Government, 2019, Better Safer Care Use of a patient's own adrenaline (epinephrine) autoinjector in hospital Change package [https://bettersafecare.vic.gov.au/sites/default/files/2019-02/Use%20of%20patients%20own%20adrenaline%20autoinjector%20in%20hospital\\_WEB\\_0.pdf](https://bettersafecare.vic.gov.au/sites/default/files/2019-02/Use%20of%20patients%20own%20adrenaline%20autoinjector%20in%20hospital_WEB_0.pdf), accessed 24/05/19
12. Australian Society of Clinical Immunology and Allergy (ASCIA), 2016, ASCIA Guidelines - Adrenaline (epinephrine) autoinjector prescription, <https://allergy.org.au/hp/anaphylaxis/adrenaline-autoinjector-prescription>, viewed 23 May 2019
13. ASCIA, 2014, 'Dietary avoidance – general information', [https://www.allergy.org.au/images/pcc/ASCIA\\_PCC\\_Dietary\\_avoidance\\_general\\_info\\_2014.pdf](https://www.allergy.org.au/images/pcc/ASCIA_PCC_Dietary_avoidance_general_info_2014.pdf), accessed 21/3/18

## Other resources:

- Sydney Children's Hospitals Network, ANAPHYLAXIS AND GENERALISED ALLERGIC REACTION (GAR) IN ED AND AT HOME PRACTICE GUIDELINE, <http://webapps.schn.health.nsw.gov.au/epolicy/policy/3512/download>, accessed 15/02/18
- Sydney Children's Hospitals Network, MEDICATION MANAGEMENT AND HANDLING - CHW PRACTICE GUIDELINE, <http://webapps.schn.health.nsw.gov.au/epolicy/policy/603/download>, accessed 06/03/18
- Sydney Children's Hospitals Network, LATEX ALLERGIC PATIENTS: IDENTIFICATION & MANAGEMENT PRACTICE GUIDELINE, <http://webapps.schn.health.nsw.gov.au/epolicy/policy/3692/download>, accessed 06/03/18
- Sydney Children's Hospitals Network, ADVERSE DRUG REACTION PRACTICE GUIDELINE, <http://webapps.schn.health.nsw.gov.au/epolicy/policy/3195/download>, , accessed 06/03/18
- NSW Health, Medication Handling in NSW Public Health Facilities PROCEDURES, [http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013\\_043.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_043.pdf), accessed 02/03/18