Primary Care Guidance: URTICARIA IN CHILDREN

Is this urticaria?

- Urticaria is caused by release of histamine (+/- chemical mediators) from mast cells and may mimic an allergic reaction, **but is often unrelated to allergy and rarely needs referral**
- Food, environmental allergens, medication and venom may cause acute urticaria but they are very rarely causes of recurrent urticaria
- Do not advise routine dietary exclusion if no obvious trigger identified

URTICARIA = HIVES - itchy raised skin rash known as hives or wheals, round or ring-shaped, may join together. Individual wheals typically disappear spontaneously within 24 hours without a trace.
ANGIOEDEMA = SWELLING - swelling deep to the skin. Usually affects eyelids, lips or inside the mouth but may occur anywhere. May take longer to clear and can be painful.
Patients may present with URTICARIA alone OR be associated WITH ANGIOEDEMA

MILD/ACUTE	MODERATE/CHRONIC	SEVERE
Single episode OR **Recurrent episodes lasting < 6 weeks** Usually self limiting with no obvious trigger **Most common cause is viral urticaria** Does not require any treatment or investigations. • Explanation & reassurance • Safety net advice & patient information • Non-sedating antihistamine as required. **STEP 1**	**Frequent, regular or daily symptoms** **Lasting > 6 weeks with no obvious trigger.** Usually no obvious trigger identified. Physical triggers e.g. temperate, hot/cold water, pressure, or friction may be reported. Management • Regular non-sedating antihistamine (Step 2 then step 3 if not responding) • Safety net advice & patient information • Ensure patient is taking an over the counter daily multivitamin containing iron & vitamin D **Patients with good disease control do not need referral or further investigations**	Any evidence of **severe reaction/anaphylaxis** – check ABC symptoms. - **Airway** - hoarse voice/cry, persistent cough, stridor, excessive drooling, difficulty swallowing, swollen tongue - **Breathing** – wheeze, cyanosis, breathlessness/increased work of breathing - **Circulation and consciousness** - pale, floppy, dizzy, unusually and profoundly sleepy, loss of consciousness, tachycardia, hypotension
Frequent, regular or daily symptoms?	**Consider referral to secondary care if…**	**Call 999 immediately**

No

- Explanation & reassurance
- Safety net advice & patient information leaflet
- Non-sedating antihistamine as required. **STEP 1**

YES

1.Isolated angioedema or vasculitic lesions (urticarial vasculitis/HSP) or uncertainty seek advice & guidance or refer to paediatrics via ERS
2. Chronic urticaria not responding to step 3 of treatment for >6 weeks or suspected food/drug allergy (see information below) refer to paediatrics via ERS

Move to Step 2 (regular non-sedating antihistamine), if >6 weeks manage as chronic urticaria
Do not routinely give oral Prednisolone, a single dose can be tried in those not responding to **STEP 3**. (No need for discussion with Paediatrics for single dose)

If NO improvement despite Step 3 for 6 weeks

IM Adrenaline and 999
Refer to secondary care

This guideline involved extensive consultation with healthcare professionals in SW London

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STEP 1 – AS REQUIRED ANTIHISTAMINE

- **Non-sedating antihistamine e.g. Cetirizine or Loratadine as required**
- **Use standard dose** as per BNFc
- Avoid Chlorphenamine due to risk of drowsiness

Standard Cetirizine Dose:
1 year – 250 microgram/kg x BD
2-5 Year – 2.5mg x BD
5-11 Year – 5mg x BD
12-17 Year – 10mg x OD

STEP 2 – REGULAR ANTIHISTAMINE

- **Non-sedating antihistamine e.g. Cetirizine, Loratadine, Fexofenadine**
- **Regular daily standard dose** as per BNFc
- Safe to give additional PRN doses if required for breakthrough symptoms
- Consider trial of stopping/weaning treatment every 3-6 months if symptoms controlled with no breakthrough
- Safe to continue regular daily antihistamine if symptoms persist#
- Ensure patient is taking an over the counter daily multivitamin containing iron & vitamin D

STEP 3 – HIGH DOSE REGULAR ANTIHISTAMINE

- **Consider trial of alternative antihistamine e.g. Fexofenadine**
- **Increase dose up to 4x standard dose** as per BSACI guideline for Management of Chronic urticaria – BSACI guideline for Mx of chronic urticaria and angioedema
- Consider trial of stopping/weaning treatment every 3-6 months if symptoms controlled with no breakthrough
- Safe to continue high dose regular daily antihistamine if symptoms persist

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MORE INFORMATION:

- Urticaria is caused by release of histamine (+/- chemical mediators) from mast cells and may mimic an allergic reaction, but is not necessarily due to allergy
- Food, environmental allergens, medication and venom may cause acute urticaria but they are very rarely causes of recurrent urticaria
- Consider food allergy if close temporal relationship (up to 1 hour) and reproducible symptoms on ingestion/exposure
- Do not advise routine dietary exclusion if no obvious trigger identified
- For isolated angioedema consider differential diagnosis – nephrotic syndrome or hereditary angioedema
- For vasculitic lesions consider differential diagnosis – HSP or vasculitic urticaria

Urticaria

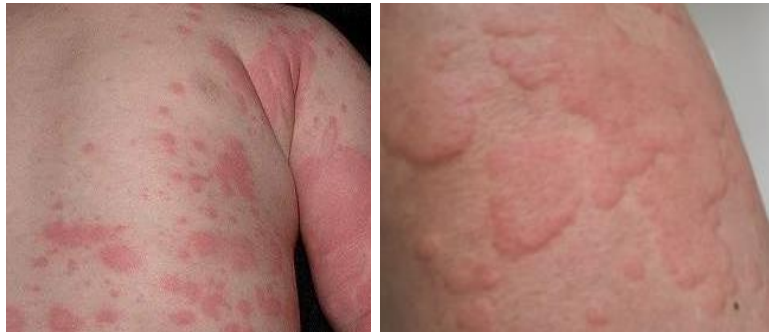
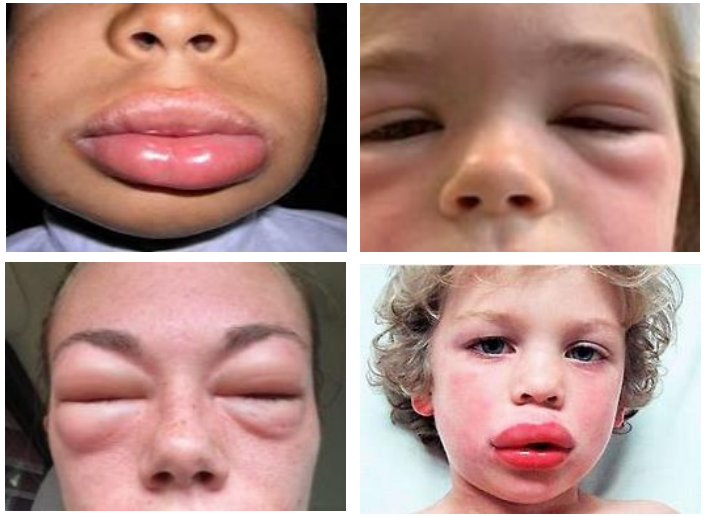
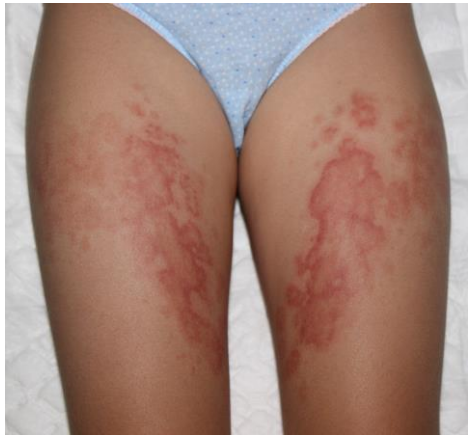


Photo credit Skin Deep

Angiodema



Urticarial vasculitis



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