

Diagnosing CMPA (from [NICE Guideline 116](#) , [iMAP](#) and [BSACI](#))

Cow's Milk Protein Allergy (CMPA or CMA) is the most clinically complex individual food allergy and therefore causes significant challenges in both recognising the many different clinical presentation and also the varying approaches to management, both at primary care and specialist level.

Allergy-focused clinical history (adapted from Skypala et al. 2015) – See form in [Appendix 1](#)

- Personal/family history of atopic disease (asthma/atopic dermatitis/allergic rhinitis) & food allergy
- Presenting symptoms and other symptoms that may be associated with CMPA (see below)
 - Age at first onset and speed of onset
 - Duration, severity and frequency
 - Setting of reaction (home, outside...)
 - Reproducibility of symptoms on repeated exposure
- Feeding history
 - Breast fed/formula fed (if breastfed, consider mother's diet)
 - Age of introduction to solids
 - If relevant, details of any foods avoided and why
- Details of previous treatment, including medication for presenting symptoms and response to this
- Any response to the elimination and reintroduction of foods

Acute symptoms (minutes)

→ Refer to secondary care

- Abdominal pain / Colic / excessive crying
- Vomiting (repeated or profuse)
- Diarrhoea (Rarely a severe presentation)

- Urticaria
- Acute pruritus
- Angioedema
- Erythema
- Acute 'flaring of atopic dermatitis'

- Red/itchy eyes
- Blocked/runny nose, sneezing
- Cough, wheeze, breathlessness

- Drowsiness, dizziness, pallor, collapse
- Anaphylaxis

Gut
(Range of symptoms & severity)

Skin
(Range of symptoms & severity)

Respiratory
(Usually with other symptoms)

Systemic

Delayed symptoms (2-72hrs)

→ Refer to secondary care only if symptoms severe

- 'Colic' / excessive crying
- 'Reflux' - GORD
- Blood in stool and/or mucus in otherwise well child
- Vomiting in irritable child with back arching & screaming
- Feed refusal or aversion
- Diarrhoea: often protracted + propensity to faltering growth
- Constipation: straining with defecation but producing soft stools, irregular or uncomfortable stools +/- faltering growth
- Unwell child: delayed onset protracted D&V

Wide range of severity, from well child with bloody stool to shocked child after profuse D&V ([FPIES](#))

- Significant to severe atopic dermatitis +/- faltering growth

- 'Catarrhal' airway symptoms
(Usually in combination with 1 or more other symptoms)

Red Flags (urgent referral to secondary care):

- ☞ Faltering growth
- ☞ Severe atopic dermatitis
- ☞ [FPIES](#), Anaphylaxis, collapse



Allergy Focused Clinical History Form (Adapted from NICE CG116 2011)

Infant Details

Name:

NHS number:

DoB: Age: Months / Weeks

Weight (+centile):

Length (+centile)

Head Circumference (+centile):

Form completed by: Date:

Feeding History

Exclusively breastfed (until.....)

Mixed feeding (from

Exclusively Bottle Fed (from

Medication:

Types of infant formula tried:

First milk formula:

Lactose free formula:

Reflux formula:

Soya formula:

Comfort formula:

Other formula:

Name of current formula

.....

Started Solids? No Yes (details):

.....

Personal and Family history of allergy

	Infant	Mother	Father	Sibling
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atopic Dermatitis (eczema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hayfever / allergic rhinitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Allergy(ies) – not intolerance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Symptom Checklist and History

	Onset		Description (e.g. duration, frequency, severity)
	Minutes* (0-120m)	Hours >2hrs	
<i>⚠ and * Refer directly to secondary care</i>			
Digestive System Symptoms			
<input type="checkbox"/> Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reflux/GORD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Constipation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blood or mucus in stools	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Feed refusal or aversion	<input type="checkbox"/>	<input type="checkbox"/>
Skin Symptoms			
<input type="checkbox"/> Atopic dermatitis (Eczema)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Urticaria / hives	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye, lip or facial swelling	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Symptoms			
<input type="checkbox"/> Wheezing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cough or Breathing problems	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blocked or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Other Symptoms			
<input type="checkbox"/> Restlessness or poor sleeping	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excessive crying	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Back arching	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Faltering growth <i>⚠</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anaphylaxis <i>⚠</i>	<input type="checkbox"/>	<input type="checkbox"/>

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