Complete Allergy-focused clinical history (appendix 1), refer to symptoms table to determine if IgE or non-IgE allergy (onset is key > 2 hours likely non-IgE, < 2 hours likely IgE) (note. **Abbreviations** CMPA – Cow's Milk Protein Allergy majority of cases will be Non-IgE) If IgE CMPA suspected them commence CMP free advice CMP – Cows Milk Protein BF - Breastfeeding **CMPA** still suspected HF – Hypoallergenic Formula eHF - extensively hydrolysed formula Presentation with possible CMPA symptoms - Rule out other causes - 1. Refer to Breastfeeding service or health visiting team for support AAF - amino acid formula with feeding if appropriate. 2. 2-week trial of 1st-line interventions (NICE Guidance) for common conditions in infancy e.g. Colic and Reflux HRF – Hydrolysed Rice Formula see Section 2.5) laE – immunoalobulin E OTC - over the counter Non IgE CMPA Suspected >12 m age <12 m age IgE CMPA Suspected (Majority of cases will fall in this category) (Minority of cases will fall in this category) <12 m age >12 m age Advise 2-4 weeks CMP free diet. Continue BF or Advise 2-4 weeks CMP free prescribe eHF Aptamil Pepti 1 for <6m diet. Continue BF or Aptamil Pepti 2 for >6m Advise CMP free diet. Continue BF or Advise CMP free recommend shop brought SMA Althera for up to 12m prescribe eHF diet. Continue BF plant based milk alternatives. Qty as per QREF2 or recommend Aptamil Pepti 1 for <6m shop bought plant Aptamil Pepti 2 for >6m based milk SMA Althera for up to 12m Symptoms improve No change in symptoms Discuss iMAP Home Dairy alternatives (*not Qty as per QREF2 in 2-4 weeks in 2 to 4 weeks Challenge. If symptoms return, Review determines Soya) if eHF introduced CMPA is confirmed. Refer to specialist services (appendix 2) Refer to specialist incorrectly Continue on shop brought DO NOT RE-INTRODUCE COWS services Review how CMP free and eHF was Discuss iMAP Home plant based milk alternatives (appendix 2) MILK introduced (QREF3) and refer to specialist services Dairy Challenge. If No change in symptoms in 2-4 (appendix 2) symptoms return, CMPA Review diagnosis **▼** weeks is confirmed. Consider Soya exclusion*. Review confirms eHF introduced correctly Prescribe HRF Similac Arize Powder Continue on eHF for 6 whilst awaiting specialist services months, then review No change in symptoms in 2-4 Advise further 2-4 weeks CMP free weeks diet, consider Soya exclusion*. . Continue BF or prescribe HRF Prescribe AAF Nutramigen Puramino Similac Arize Powder whilst awaiting specialist services Key points: • Protect, promote and support breastfeeding. Maternal CMP free diet is not recommended if no symptoms when exclusively breastfeeding. No change in Symptoms improve Non-lgE symptoms can occur from 2 to 72 hours and can be classified as mild to moderate (e.g. pruritus, erythema, atopic eczema, reflux, symptoms diarrhoea, blood/mucus in stools, abdominal pain, infantile colic, feeding difficulties, constipation, congestion) or severe (faltering IgE symptoms can occur from few minutes to 2 hours and can be classified as mild to moderate (e.g. pruritus, erythema, urticaria, persistent Continue CMP free diet. Prescribe **AAF** eczema, angioedema, oral pruritus, nasal itching, sneezing, rhinorrhoea, cough, chest tightness, wheezing) or severe (anaphylaxis and/or **Nutramigen Puramino if** Continue BF and faltering growth). CMPA still suspected prescribe HRF Similac Shop bought plant-based milk alternatives suitable for >12 months include: oat-, coconut- pea and soya based drinks enriched with calcium. (minority of patients) **Arize Powder for 6** Note that Rice-based milk alternative, organic and low-calorie varieties (e.g. "light") are NOT suitable. See section 2.10 in main document for further information. months, then review Refer all to specialist *Soya cross reactivity 50% of children with non-Ige CMPA will also react to soya. 16% of children with IgE CMPA will also react to soya. services (appendix 2) Consider Soya exclusion when completing CMP free diet Consider referral to dietician where there is uncertainty or further support is required. 4 All first prescriptions for eHF, HRF and AAF should be 2x400g Once a diagnosis is confirmed, it is important to add a snomed code to the patient's notes, in order to facilitate audit and review.