Acute Urticaria Advice Sheet

Advice for Parents and Carers

What is Urticaria and Angioedema?

- Urticaria is the medical term given to the appearance of hives or wheals on the skin.
- It is a common skin condition affecting up to 20% of people (one in 5 people) at some point in their lives. The rash is due to release of a chemical called histamine.
- People often mistake these rashes for allergy, but in fact 90% are not caused by allergy.
- The urticarial rash consists of pink or white raised areas of skin resembling nettle rash, which are called wheals. It is usually itchy. The wheals are often round or ring-shaped.
- Wheals can also appear as lines when the skin is firmly stroked.
- Hives/wheals can appear anywhere on the skin. Individual wheals typically disappear of their own accord within 24 hours but new wheals can continue appearing on a regular basis for a number of days, and can last for 8-10 days.
- Sometimes hives can be associated with swelling, most commonly of the lips, eyes, hands or feet. This is termed "angioedema". It is not usually itchy and can take over 24 hours to clear. Some people develop mostly hives, some mostly swelling, and others a combination of both.

How do you know it is not an allergy to a food?

- When urticaria is caused by a food trigger it usually starts shortly after the child has eaten the food; typically within 1 hour. Only suspect food allergy if the rash occurs within an hour of eating a new food, or occurs every time a specific food is eaten.

What is the cause of the rash?

- Half of the time children will develop the rash due to a virus such as the common cold, flu or COVID.
- For many children there is no clear reason why the rash appears, but it typically settles down with time.
- Occasionally urticaria can be due to allergy to something in the environment (e.g. pollen), insect stings or medicines, but we would expect the rash to only occur when they have come into contact with these and not at other times.

How is the diagnosis made?

- Usually, the appearance of the rash will be enough for your doctor to make the diagnosis and **in majority of the cases it does not need any investigations or tests.**

How do I treat it?

- Urticaria does not usually affect their general health, but the appearance of the rash and the itch itself can be distressing. As a rule, urticaria tends to improve and become less troublesome over time
- **Antihistamines:**
- You can buy these over the counter:
  - 2 years and over – Cetirizine or Loratadine
  - Age 1 to 2 years – Chlorphenamine (Piriton)
- Whilst you/ your child has the rash give the antihistamine regularly according to the instructions on the medicine. If needed, Cetirizine can be prescribed by your GP to children over 1 year, or Fexofenadine can be prescribed for children over 6 years
- **Topical treatments:** For some children menthol containing creams can help the itch.

How long will it last?

- Most episodes settle within 7-10 days
- Some children are prone to recurrent hives - if these last longer than 6 weeks we call this **chronic urticaria**

When should I get medical help?

- We recommend seeking **urgent** medical attention if your child experiences breathing difficulties or swelling of the tongue

You should also see your GP if:

- You think the urticaria has a **clear** trigger (e.g. food, medication, insect stings).
- You are struggling to control your child's symptoms despite regular antihistamine.
- The wheals on the skin disappear but leave bruising behind.
- Swelling episodes occur without any urticaria, especially if affecting the tongue.