Introduction RCPh allergy care pathways recommend use of either RAST or skin prick testing for diagnosis only when there is clinical suspicion of allergy. Pathways further recommend use of measurements of skin prick and specific IgE test results to optimise the timing of food challenges. This audit aimed to compare our practice against national standards.

Method A retrospective analysis of all notes for food challenges between May 2013– May 2014 was undertaken. Total of 29 food challenges were identified.

Results More than half of our patients were males. Majority of the patients (69%) had RAST test done at time of diagnosis, 7% of patients had both skin prick and RAST done. However, 21% of allergy patients did not have any test done at time of diagnosis and diagnosis was made on history only.

In regards to food challenge, more then half of patients were aged 8 years or above at time of challenge. Only 66% of patients passed food challenge. 79% of patients have either RAST or skin prick test done prior to challenge. 21% of our patients had no form of testing prior to challenge. Of all patients who passed challenge 53% of patients have both tests done in contrast to all patients who failed challenge only 30% have both tests done. All patients who had both tests negative passed the food challenge. All the patients who failed the challenge had a positive RAST test prior to challenge.

Recommendations An allergy clinic proforma was introduced as an aide-memoir to facilitate appropriate testing at diagnosis and prior to challenge.

Failed food challenges bring disappointment for child, parents and unnecessary burden on NHS budget. Choosing the right patient is the key to prevent failed challenges, hence, referral process for challenges was re evaluated and now clinicians will make sure that both tests are done prior to food challenges.

We aim to re audit in six months.

Introduction Multidisciplinary allergy school care plans are important to manage children with allergies safely in school. They focus on allergen avoidance and treatment of reactions. The Cardiff children’s allergy service have developed and used their own plan for 20 years. A new national allergy care plan has been published by BSACI (British Society of Allergy and Clinical Immunology).

Aim To compare Cardiff plan with the BSACI anaphylaxis plan.

Methods Based on the NICE guideline for Anaphylaxis (2011) recommendation on information provision, a questionnaire was devised auditing 9 different components of the care plans for clarity and effectiveness. We surveyed teachers, parents, and school nurses in person; respondents completed the questionnaire comparing the two plans. Parents and teachers data (non-healthcare professionals) was compared to school nurses. Data was analysed with Chi Squared analysis with P = 0.05 taken as significant.

Results There were 111 participants (31 teachers, 40 parents and 40 school nurses). The table shows respondents’ preferences. For brevity “not answered” and “no preference” responses are not shown.

Conclusion Overall parents and teachers preferred the BSACI plan’s succinct format and Epipen usage explanation. In contrast school nurses preferred the Cardiff plan for the same reason! The Cardiff action plan was preferred by most respondents for its clearer documentation of identity, contact details, and...
parental consent. Teachers/parents also preferred it for post Epipen advice. A revised national version with clearer contact details, better information on what to do after Epipen is administered and parental consent is required.

Table 1  Summary of reported care plan preference for each component

<table>
<thead>
<tr>
<th>Parents/Teachers</th>
<th>School Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cardiff</strong></td>
<td><strong>BSACI</strong></td>
</tr>
<tr>
<td><strong>Chi squared</strong></td>
<td><strong>Chi squared</strong></td>
</tr>
<tr>
<td>Child identity</td>
<td>20</td>
</tr>
<tr>
<td>Contact details</td>
<td>40</td>
</tr>
<tr>
<td>Allergy type</td>
<td>25</td>
</tr>
<tr>
<td>Mild allergy info</td>
<td>26</td>
</tr>
<tr>
<td>Severe allergy info</td>
<td>29</td>
</tr>
<tr>
<td>How to use Epipen</td>
<td>16</td>
</tr>
<tr>
<td>What to do after using Epipen</td>
<td>34</td>
</tr>
<tr>
<td>Consent</td>
<td>60</td>
</tr>
<tr>
<td>Overall Preference</td>
<td>23</td>
</tr>
</tbody>
</table>

LACYP want to talk to professionals who listen and have an ability to get things done.

**Conclusion** It is clear the majority felt these services helped them; this is particularly relevant to health appointments where LACYP are not referred with a specific problem, but for statutory review. Recommendations include all LACYP being offered opportunities to speak with practitioners alone and ensuring confidentiality is discussed at the beginning of appointments. Acting on the results of this study forms the first step in ensuring local services meet the needs of LACYP more effectively.
G441(P) Please sir, which is the best school allergy care plan?

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Arch Dis Child 2015 100: A183-A184
doi: 10.1136/archdischild-2015-308599.395

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