Introduction RCPCH 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.

Methods 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 than 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.