

FPIES is a delayed gut allergy where symptoms usually occur 1-4 hours after eating the trigger food; reactions can be severe.

- Causes repetitive and profuse vomiting. Other symptoms may include diarrhoea, lethargy, and becoming pale and floppy
- FPIES does not cause "typical" allergy symptoms (hives, swelling, wheeze) and does NOT respond to adrenaline/ antihistamine

This child has FPIES to the following foods:

This child is also allergic to:

(and may be at risk of anaphylaxis)

They have a separate Allergy Action Plan for these food allergies

If trigger food is eaten by accident, contact parent/carer for advice (reaction may not happen for 1-4 hours)

Name: _____

DOB: _____

■ Mild to Moderate FPIES reaction

(these episodes often resolve without treatment)

- Mild vomiting (1-2 episodes, may occur with diarrhoea)
- Not floppy, drowsy or sleepy
- Tolerating oral fluids

Action to take:

- Offer oral fluids (e.g. breast feeding / diluted apple juice)
- Notify parent / guardian
- Consider non-urgent transfer to hospital, especially if not tolerating oral fluids
- **Reactions can progress:**
if symptoms get worse, follow plan for SEVERE reaction

Emergency contact details:

1) Name: _____



2) Name: _____



*GIVE a copy of this FPIES Action Plan
to the nursery/school/child minder*

Plan prepared by:

Hospital/Clinic:

Contact details:

Date:

Review Date:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission

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■ Severe FPIES reaction

- Repetitive, severe vomiting
- Child is pale or cold to touch
- Extreme tiredness (lethargy) or floppy



Position knee to keep child on their side

Action to take:

- Place child on their side to protect the airway (recovery position)
- Dial 999 and request ambulance – say that the child is 'in shock'

■ Emergency Hospital Treatment for Severe FPIES

- (1) Intravenous rehydration (as success of oral route limited by vomiting)
- (2) IV* Ondansetron (oral route is often unsuccessful)
> 6 months: 100-150 microgram/kg (max 8mg)
*If IV access is not available, then the IV dose can be given IM according to international guidelines, however this route is currently unlicensed in the UK

FPIES does not respond to adrenaline injection / auto-injector

Consider other diagnoses (eg. sepsis), and treat accordingly until excluded.

International guidelines for management of FPIES available at: cutt.ly/fpies