

ALLERGY-FOCUSSED CLINICAL HISTORY CHECKLIST IN SUSPECTED COW'S MILK ALLERGY IN INFANTS*

<p>Any personal history of allergic disease?</p> <p><i>(Ask about asthma, allergic rhinitis, and food allergy)</i></p>	<p>Comments</p>
<p>Is there a parental history of allergic disease?</p> <p><i>(Ask about asthma, allergic rhinitis, and food allergy)</i></p>	<p>Comments</p>
<p>Has the baby any known allergy risk factors?</p> <ul style="list-style-type: none"> • C-Section Delivery? • Early onset atopic dermatitis? • Early use of antibiotics or acid-suppressive medications? 	<p>Comments</p>
<p>What is the suspected source of cow's milk that caused the reported symptoms and what quantity was ingested?</p> <ul style="list-style-type: none"> • Exclusive breast feeding? Although rare, it's possible that cow's milk protein from the maternal diet causes symptoms. • Mixed feeding? Symptoms can result from top-up formulas or when added to weaning foods. • Formula feeding? 	<p>Comments</p>
<p>At what age did the symptoms first start?</p>	<p>Comments</p>

<p>What symptoms were triggered?</p> <p>Consider CMA in infants who exhibit 2 or more persistent and/or severe symptoms from the list below:</p> <p>SKIN <i>(E.g. Acute pruritus, erythema, urticaria, angioedema, persistent atopic dermatitis, acute 'flaring' of persistent atopic dermatitis)</i></p> <p>GASTROINTESTINAL <i>(E.g. persistent irritability ('colic'), vomiting, reflux, food refusal or aversion, diarrhoea, constipation, abdominal discomfort, painful flatus, blood and/or mucus in the stool in an otherwise healthy infant)</i></p> <p>RESPIRATORY SYSTEM <i>(E.g. rhinitis, conjunctivitis, cough, wheeze, stridor)</i></p> <p>CARDIOVASCULAR <i>(E.g. drowsiness, loss of consciousness)</i></p>	<p>Comments</p>
<p>How quickly do the symptoms appear after exposure?</p> <p><2hrs <i>(IgE Mediated)</i> Within 2-72hrs <i>(Non-IgE Mediated)</i></p>	<p>Comments</p>
<p>Duration, severity and frequency of symptoms?</p>	<p>Comments</p>
<p>Reproducibility of symptoms on repeated exposure?</p> <p><i>(To be classified as an allergy, the appearance of symptoms should be reproducible)</i></p>	<p>Comments</p>
<p>Has the child received previous treatments, including medication, for the presenting symptoms and what was the response to treatment?</p>	<p>Comments</p>



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