

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

#### 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](http://cutt.ly/fpies)