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Food Challenge Information

What is the purpose of a food challenge?

A food challenge is performed to rule out a suspected allergy to a food. Many people mistakenly believe that food allergies are strictly diagnosed based on skin and/or blood tests alone. The "gold standard" in diagnosing a food allergy is actually a food challenge. Food challenges also help to determine if (you or) your child have lost or outgrown a food allergy.

How can you prepare for the food challenge?

We want to make sure we can perform the food challenge the day it is scheduled. Please follow these instructions in preparation for the food challenge.

You will be asked to bring in a specific food the morning of the challenge. If your child is a picky eater, it sometimes helps if you bring multiple versions of the same type of food (example: peanut, peanut butter, Reese's cups, Reese's pieces, peanut M&Ms). Please be mindful of your child's developmental stage, and bring the challenge food in a consistency that is developmentally appropriate and minimizes choking risk (example: peanut butter mixed with apple sauce for infants).

Bring your child's favorite cup, utensils or plate if this will help your child to eat or drink during the challenge.

Make sure (you or) your child eats only a light breakfast prior to the challenge.

The following medications can interfere with a food challenge. We will not be able to perform the challenge if the following medications have not been stopped for a length of time listed.
Stop all antihistamines and over the counter cold medications for 5 days prior to the challenge.
Stop Zantac (ranitidine) the night prior to the challenge.
Stop albuterol for 12 hours prior to the challenge. If (you or) your child need albuterol due to an asthma flare, do not withhold the medication, but (you or) your child may not be healthy enough to undergo the challenge and it will have to be rescheduled.
Stop Singulair (montelukast) the night prior to the challenge.

Continue to take all other medicines.

If the person undergoing the challenge is sick, please call us to reschedule. We will not be able to perform the challenge unless the person undergoing the challenge is 100% healthy. If (you or) your child has asthma, the asthma must be very stable, and not in the middle of a flare-up. If your child has eczema, his or her skin must be stable, too, and not in the middle of a flare-up. This does not mean that his or her skin must be completely clear, if it is not usually clear. It just needs to be "typical," whatever this means for your child.

Your appointment should be an early morning appointment. Food challenges take at least 3 hours if everything goes smoothly, and make take longer if there are reactions that require treatment and additional monitoring.
Please bring activities such as books or games for your child to use during the challenge.

What can you expect during the food challenge?

At the start of the challenge you or your child will be fed a very small, measured amount of suspected allergen and observed closely. If no symptoms develop after 10-20 minutes, then another, slightly larger amount of the food will be given. If there are no reactions, this process will be repeated over the course of about 3 hours until a full serving appropriate for age is given.

The challenge will be supervised by a physician, who has been specifically trained to manage oral food challenges and reactions. Emergency medications including epinephrine, albuterol, antihistamines, and steroids will all be ready to be used if needed.
During the food challenge, the only things (you or) your child will be allowed to eat or drink are water and the food or beverage that is being given as part of the test.

What are the risks of a food challenge?

The risks of a food challenge include immediate reactions, delayed reactions, and severe allergic reactions or anaphylaxis.

IMMEDIATE REACTIONS: The risks of an immediate allergic reaction include: Itching, rash, hives, swelling of the lips, tongue, or throat, chest pain, chest tightness, shortness of breath, wheezing, abdominal pain, nausea, vomiting, diarrhea, palpitations, dizziness, confusion, anaphylaxis, shock, and death.

DELAYED REACTIONS: Additional delayed reactions can include: rash, itching, liver or kidney involvement, fevers, chills, joint pains, and ulcerations.

What happens if you or your child has a reaction?

The clinic staff is prepared and will provide appropriate treatment for any type of reaction that may occur. Depending on the severity of the reaction (itchy tongue vs. anaphylaxis), treatment can range from stopping the test and observing to giving antihistamines and/or asthma medication, to giving an epinephrine injection.

If developmentally and medically appropriate, you will be involved in the treatment process (such as using the epinephrine auto-injector if you feel comfortable).

The food challenge will be stopped, and (you or) your child will be monitored for an additional few hours.

Even though a reaction may be disappointing, a reaction can also be a learning opportunity to see that a reaction can be treated, and everything will be okay. It can allow (you or) your child to experience what reaction might feel like, to help you recognize the feeling if it should ever happen again. It can also be an opportunity for the family to participate in treating the reaction.

What happens if (you or) your child does not have reaction?

Once the test is complete (you or) your child will be observed for an additional one to two hours. If all is well, then (you or) your child has “passed” the challenge test! You can then add the challenge food to (you or) your child’s diet. In general, we recommend that you keep this food in your child’s diet at least a few times per week. Avoiding the food for a long period of time may lead to the allergy re-developing. Your allergist may recommend a schedule for introducing and how frequently to keep the food to your child’s regular diet.