

# Paediatric Urticaria – Secondary Care Guideline

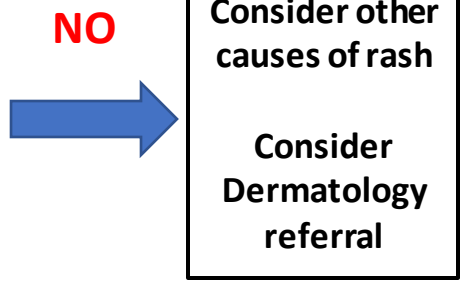
## IS IT URTICARIA/ANGIOEDEMA?

**URTICARIA = HIVES** - itchy raised skin rash known as hives or wheals, round or ring-shaped, may join together. Wheals typically disappear of their own accord within 24 hours without a trace.

**ANGIOEDEMA = SWELLING** - swelling deep to the skin. Usually affects eyelids, lips or inside the mouth but may occur anywhere. May take longer to clear and can be painful. May be associated with abdominal or joint pain.

Patients may present with URTICARIA alone OR be associated WITH ANGIOEDEMA

**Most episodes of urticaria are NOT allergic and do not require referral to allergy clinic or any further investigations.**



**YES** ↓

ACUTE URTICARIA	CHRONIC URTICARIA	RED FLAGS
<p><b>Single episode OR Recurrent episodes lasting &lt; 6 weeks AND No red flag symptoms/ signs</b></p> <p>Usually self limiting with no obvious trigger Most common cause is viral urticaria</p> <p>Does not require any treatment or investigations</p> <p><b>Management</b></p> <ul style="list-style-type: none"> <li>• Explanation &amp; reassurance</li> <li>• Safety net advice &amp; <a href="#">patient information leaflet</a></li> <li>• Non-sedating antihistamine as required</li> </ul>	<p><b>Frequent, regular or daily symptoms Lasting &gt; 6 weeks with no obvious trigger</b></p> <p>Usually no obvious trigger identified Physical triggers e.g. temperature, hot/cold water, pressure, or friction may be reported NSAIDS/ opioids may exacerbate symptoms</p> <p><b>Management</b></p> <ul style="list-style-type: none"> <li>• As per Flow Chart</li> <li>• Consider baseline investigations if ongoing symptoms or high doses of antihistamines needed (box 1)</li> <li>• Provide <a href="#">patient information leaflet</a></li> </ul>	<p><b>CONSIDER ALTERNATIVE DIAGNOSIS +/- REFERRAL</b></p> <ul style="list-style-type: none"> <li>• History of a possible anaphylaxis</li> <li>• Suspected food or drug allergy - reproducible appearance of hives immediately (up to one hour) on exposure to allergen</li> <li>• Urticarial vasculitis – Prolonged tender wheals that resolve with bruising - refer to Dermatology</li> <li>• Isolated angioedema without hives - investigate for hereditary angioedema</li> </ul>

# Management of Urticaria

## STEP 1 – AS REQUIRED ANTIHISTAMINE

- **Non-sedating antihistamine e.g. Cetirizine or Loratadine as required**
- **Use standard dose** as per BNFC
- Avoid Chlorphenamine due to risk of drowsiness

### Standard Cetirizine Dose:

1 year – 250 microgram/kg x BD  
2-5 Year – 2.5mg x BD  
5-11 Year – 5mg x BD  
12-17 Year – 10mg x OD

## STEP 2 – REGULAR ANTIHISTAMINE

- **Non-sedating antihistamine e.g. Cetirizine, Loratadine, Fexofenadine**
- **Regular daily standard dose** as per BNFC
- Safe to give additional PRN doses if required for breakthrough symptoms
- Consider trial of stopping/weaning treatment every 3-6 months if symptoms controlled with no breakthrough
- Safe to continue regular daily antihistamine if symptoms persist – reassure patient

## STEP 3 – HIGH DOSE REGULAR ANTIHISTAMINE

- **Consider trial of alternative antihistamine e.g. Fexofenadine**
- **Increase dose up to 4x standard dose** as per BSACI guideline for Management of Chronic urticaria – [Chronic Urticaria and Angioedema – BSACI](#)
- Consider trial of stopping/weaning treatment every 3-6 months if symptoms controlled with no breakthrough
- Safe to continue high dose regular daily antihistamine if symptoms persist – reassure patient
- Identify triggers (if present) and advise on trigger avoidance

## STEP 4 – CONSIDER ADD ON THERAPY

- **Consider investigations as per Box 1** and treat any underlying co-morbidity

- **Assess impact on Quality of life** e.g. UAS7 and DQLI

[Questionnaire | Children's Dermatology Life Quality Index \(DLQI\)](#)

[UAS7](#)

- **Refer to regional Paediatric Allergy team if no local Omalizumab service**

### **Whilst awaiting further input:**

- Consider trial of Leukotriene Receptor Antagonist e.g. Montelukast for 2-4 weeks and then review
- Consider trial of Tranexamic acid if angioedema is a prominent feature
- Consider trial of H2 antagonist e.g. Famotidine

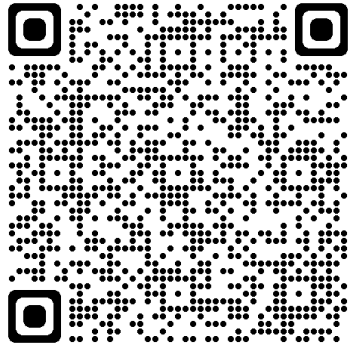
### **Box 1 - Investigations**

- **FBC + Ferritin**
- **Vitamin D**
- **ESR / CRP**
- **Coeliac Screen**
- **Thyroid function**
- **Total IgE**
- **C3/C4 complement if angioedema prominent**

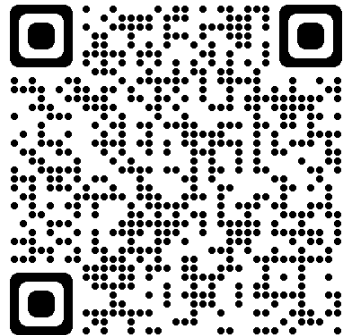
## STEP 5 – OMALIZUMAB

- **Commence Omalizumab (300 mg 4 weekly) as per national guidelines and local protocols**

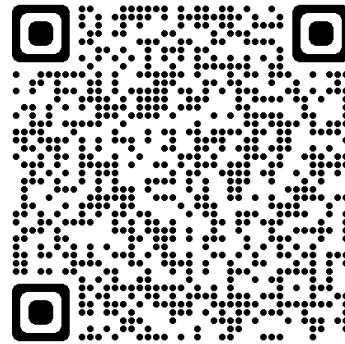
## USEFUL RESOURCES



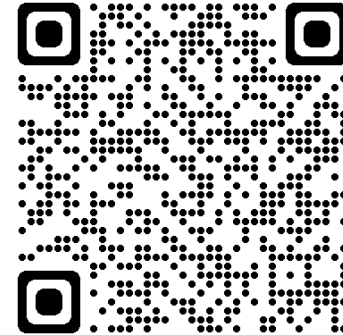
**BSACI guideline for  
Management of  
Chronic urticaria**



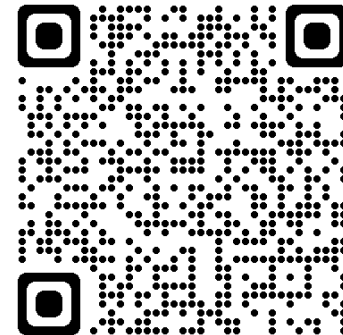
**UAS7**



**Patient  
information  
Leaflet**



**Help for Hives  
Website**



**Children's DQLI**