Ashford and St. Peter's Hospitals
NHS Foundation Trust

Paediatric Urticaria Guideline

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Guideline History		
Date	**Comments**	**Approved By**
July 2020	Initial Guideline	Paediatric Guidelines Group
July 2025	Updated, shortened with green/amber/red pathways.	Paediatric Guidelines Group

Patients first • Personal responsibility • Passion for excellence • Pride in our team

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1.

Secondary Care Treatment of Urticaria

This guideline is intended for use in A&E and general paediatric OPD to assist with the management of urticaria in children aged 6 months-18 years

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.

NO → Consider other causes of rash; Consider Dermatology referral

YES

ACUTE URTICARIA	CHRONIC URTICARIA	RED FLAGS
Single episode OR **Recurrent episodes lasting < 6 weeks** Usually self limiting with no obvious trigger Most common cause is viral urticaria Does not require any treatment or investigations **Management** • Explanation & reassurance • Safety net advice & patient information leaflet • Non-sedating antihistamine as required	**Frequent, regular or daily symptoms** **Lasting > 6 weeks with no obvious trigger** Usually no obvious trigger identified Physical triggers e.g. temperature, hot/cold water, pressure, or friction may be reported **Management** • As per Flow Chart • Consider baseline investigations if ongoing symptoms or high doses of antihistamines needed (box 1) • Provide patient information leaflet	**CONSIDER ALTERNATIVE DIAGNOSIS +/- REFERRAL** • History of a possible anaphylaxis • Suspected food or drug allergy - reproducible appearance of hives immediately (up to one hour) on exposure to allergen • Urticarial vasculitis – Prolonged tender wheals that resolve with bruising - refer to Dermatology • Isolated angioedema without hives - investigate for hereditary angioedema

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

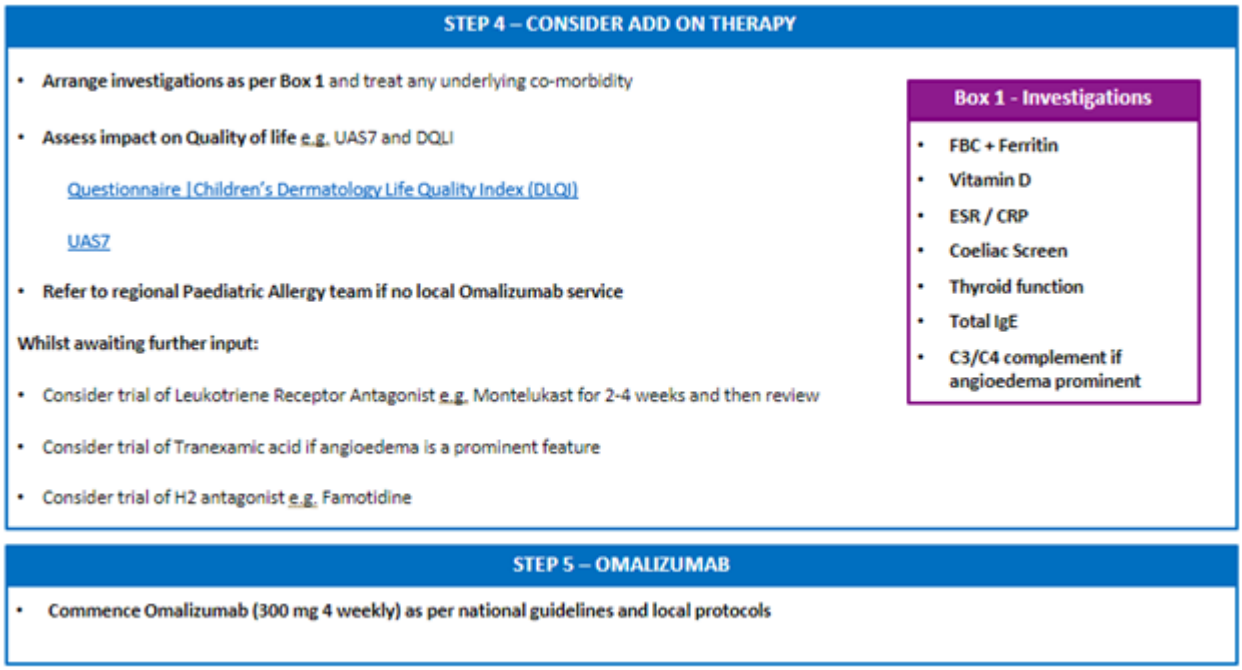
STEP 2 – REGULAR ANTIHISTAMINE

- **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

Management of Urticaria



2. Supporting References/ useful links

https://www.bsaci.org/wp-content/uploads/2020/01/Urticaria_Angioedema2015-1.pdf

https://www.helpforhives.co.uk/

UA7 score https://www.imperial.nhs.uk/~/media/website/services/dermatology/patient-forms/uas7-weekly-urticaria-activity-score-sheet.pdf

DLQI score http://www.healthandcareleeds.org/wp-content/uploads/2014/12/Dermatology-Life-Quality-Index.docx#:~:text=It%20is%20usually%20completed%20in%20one%20to%20two%20minutes.&text=The%20DLQI%20is%20calculated%20by,maximum%20possible%20score%20of%2030

3. Supporting relevant trust guidelines

2. Guideline Governance

a. Scope

This guideline is relevant to all staff caring for all children from 0-18 years old across the emergency department, inpatient ward and outpatient department.

b. Purpose

i. This guidelines aims to facilitate a common approach to the management of children. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.

ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

All healthcare professionals responsible for the care of all children 0-18years should be aware of practice according to this guideline.

d. Approval and Ratification

This guideline will be approved and ratified by the Paediatric Guidelines Group.

e. Dissemination and Implementation

i. This guideline will be uploaded to the trust intranet 'Paediatric Guidelines' page and thus available for common use.
ii. This guideline will be shared as part of ongoing education within the Paediatric Department for both medical and nursing staff.
iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Paediatric Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

g. Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Author and the supervising consultants.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no evidence of discrimination.
Conclusion • Provide a summary of the overall conclusions
There is no evidence of discrimination.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
This guideline is appropriate for use.

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document:

Policy (document) Author:

Executive Director: N/A

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Y**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Y**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Y**	
	Is the purpose of the document clear?	**Y**	
	Are the intended outcomes described?	**Y**	
	Are the statements clear and unambiguous?	**Y**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Y**	
	Who was engaged in a review of the document (list committees/ individuals)?	**Y**	**Paediatric guidelines committee. National and network teams**
	Has the policy template been followed (i.e. is the format correct)?	**Y**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**Y**	

		Yes/No/ Unsure/NA	Comments
	Are local/organisational supporting documents referenced?	**Y**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Y**	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**N/A**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Y**	
	Does the plan include the necessary training/support to ensure compliance?	**Y**	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**Y**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Y**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Y**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	Y	

Committee Approval (Paediatric Guidelines Group)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Alexandra Jones**	**Date**	**09/07/2025**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			