

WHEAT CHALLENGE PROTOCOL

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CHALLENGE SUBSTANCE

Plain wheat flour

Preparation instructions

1. Place 80 ml of milk or juice (which child is tolerant to) into a shaker.
2. Place 8 level teaspoons of wheat flour into the shaker. Note: 1 teaspoon (5mL) of wheat flour = 3g of wheat.
3. Shake for 30 seconds.
4. Between each serve, shake the contents again for 30 seconds before administering.

CHALLENGE PROTOCOL

TIME	ml wheat in milk or juice	g of wheat
0	Touch lip	Touch lip
20 min	1 ml	0.3 g
40 min	2 ml	0.6 g
60 min	5 ml	1.5 g
80 min	10 ml	3.0 g
100 min	20 ml	6.0 g
120 min	42 ml	12.6 g
Total volume/g	80 ml	24 g

OBSERVATION POST-CHALLENGE

1-2 hours (2 hours observation is recommended in patients with a history of previous wheat reaction).

HOME CONTINUATION

1. No further wheat for 24 hours after challenge (in order to detect delayed reactions).
2. If no reaction 24 hours following a challenge, child should have wheat containing products on at least a weekly basis in their diet.

ALTERNATIVES IF CHILD REFUSES TO TAKE WHEAT FLOUR CHALLENGE

1. If using a milk or formula – try either
 - Adding 1-2 teaspoons of sugar into the mixture OR
 - Add the wheat flour into a fruit juice
2. Egg free pasta (note: 24 g of wheat flour = ~52 g of egg free pasta)
3. Semolina (note: 24 g of wheat flour = ~22 g semolina).

ASCIA Food Allergen Challenge Protocols have been developed to standardise protocols used by clinical immunology and allergy specialists in Australia and New Zealand. However, ASCIA takes no responsibility for any adverse outcomes that may occur using these protocols. It is important to note that food challenges:

- Are primarily used to determine if positive food allergy tests are associated with current clinical allergy.
- Should only be undertaken for patients who have been carefully selected by clinical immunology and allergy specialists or appropriately qualified and experienced medical practitioners in consultation with clinical immunology and allergy specialists.
- May provoke an allergic reaction in sensitised individuals and should therefore only be performed under medical supervision with immediate access to emergency treatment for anaphylaxis.

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