Guideline for Primary Care management of Paediatric Urticaria

NHS Greater Glasgow and Clyde

Acute Urticaria < 6 weeks duration

Detailed history may identify trigger e.g drug reaction, viral illness (urticaria days to weeks) or food allergy (urticaria hours)

Allergen identified: Give interim avoidance advice, an allergy management plan (including chlorpheniramine) and **refer to allergy clinic**

Allergen not identified

Chronic Urticaria > 6 weeks duration

Regular/intermittent episodes. May have associated urticaria in response to physical stimuli (dermographism, pressure, cold, heat)

Usually autoimmune.
Occasionally occurs in association with underlying infection or as part of autoinflammatory syndrome (when presenting in early childhood with associated pyrexia, malaise and joint or abdominal pain)
May be associated with other autoimmune conditions such as thyroid disease.

Test rarely required unless evidence of systemic disease or history of additional symptoms or signs such as bruising (suggesting urticarial vasculitis) or joint swelling

Management:
Chlorpheniramine if < 6 months of age
Long acting antihistamine if > 6 months e.g cetirizine, loratadine (Consider fexofenadine)
Sedative anti-histamine at night if sleep disturbed

Refer to Consultant Dermatologist if:
- Unresponsive to 3 different antihistamines each for 4-6 weeks
- Additional symptoms or bruising