SUMMARY STATEMENTS (cont.)

SS 10: Do not obtain radiographic testing in the routine diagnostic work-up of suspected FPIES.

SS 11: Consider a broad differential for a patient presenting with acute vomiting in making a diagnosis of FPIES.

SS 12: Use distinct criteria to diagnose FPIES in the outpatient/community setting, compared to the monitored setting where OFC is being used to rule in the diagnosis.

SS 14: Do not routinely obtain endoscopic evaluation in the evaluation of FPIES.

SS 17: Treat acute-FPIES as a medical emergency, and be prepared to provide aggressive fluid resuscitation as approximately 15% of patients may develop hypovolemic shock.

SS 18: Manage acute-FPIES individually according to severity, and review treatment strategies with the caregivers of each patient.

SS 19: Consider ondansetron as an adjunctive management of emesis in acute-FPIES.

SS 20: Utilize dietary elimination of the trigger food(s) for the primary management of FPIES, and educate caregivers and other care providers regarding avoidance strategies.

SS 21: Do not recommend routine maternal dietary elimination of offending triggers while breastfeeding if the infant is thriving and remains asymptomatic.

SS 22: Reintroduce the foods triggering FPIES under physician supervision.

SS 23: Recognize that infants with CM or soy-FPIES may be at increased risk of having FPIES to other foods.

SS 24: Provide guidance during the introduction of complementary foods to ensure nutritional adequacy during this time and beyond.

SS 25: Do not routinely recommend avoidance of products with precautionary allergen labeling in patients with FPIES.

SS 26: Use hypoallergenic formula in formula-fed infants or infants that can no longer breast-feed who are diagnosed with FPIES due to CM.

SS 27: Monitor growth (weight and height/length) regularly in children with FPIES.

SS 28: Recommend foods that enhance developmental skills in infants in the complementary feeding period to prevent aversive feeding behaviors and the delay in the development of food acceptance and feeding skills.

SS 29: Recognize that the age of development of tolerance in FPIES varies by type of food trigger, and by country of origin.

SS 30: Evaluate patients with FPIES at regular intervals, according to the patient’s age and the food allergen, to determine if s/he is still allergic.

The International FPIES is proud to have partnered with the American Academy of Allergy, Asthma & Immunology (AAAAI) to educate patients and providers about FPIES.

Visit fpies.org to access the complete guidelines.

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