Guideline for Primary Care management of Paediatric Urticaria

**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

**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

**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**

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