

Food Protein Induced Enterocolitis Syndrome (FPIES)**Australian Paediatric Surveillance Unit**

Please contact *Dr Sam Mehr* (02 9845-3420; sam.mehr@health.nsw.gov.au); or APSU (02) 98453005; apsu@chw.edu.au if you have any questions about this form. Please keep a record of the child's unit number in your APSU folder

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided.

DK=Don't Know; NA=Not Applicable; NVD = normal vaginal delivery; C/S = caesarian section

REPORTING CLINICIANS DETAILS

1. APSU Dr Code/Name: / _____
2. Are you a: ☐ Paediatrician ☐ Adult physician
3. Your Specialty: ☐ Allergist/Immunologist ☐ Gastroenterologist ☐ General Paediatrician ☐ Other (specify) _____
4. Month/Year of Report: / 5. Date questionnaire completed: / /

PATIENT DETAILS

6. First 2 letters of first name: 7. First 2 letters of surname: 8. Date of Birth: / /
9. Delivery details: ☐ NVD ☐ C/S ☐ DK 10. Term/preterm: ☐ Term (≥ 37 wks) ☐ Pre-term (< 37 wks) ☐ DK
11. Sex: ☐ M ☐ F 12. Postcode family: 13. Country of Birth: _____ ☐ DK

If this patient is primarily cared for by another physician who you believe will report the case and could provide additional details, please write the other physician's name in the space below then complete the questionnaire details above this line and return to APSU. If no other report is received for this child we will contact you for further information requested in the remainder of the questionnaire.

The primary clinician caring for this child is: **Name:** _____

Hospital: _____

12. Does the child have siblings? Yes ☐ No ☐ DK ☐ 12a. If yes, have any sibling(s) had FPIES? Yes ☐ No ☐ DK ☐

13. Family history of an allergic disorder (eczema, asthma, allergic rhinitis or immediate IgE food allergy) in any of the following:

Mother: Yes ☐ No ☐ DK ☐

Father: Yes ☐ No ☐ DK ☐

Siblings: Yes ☐ No ☐ DK ☐ NA ☐

FEEDING HISTORY

14. Duration of exclusive breast-feeding before the first episode? < 4 m ☐ 4-6m ☐ 7-12m ☐ > 12 m ☐ Never breast fed ☐ DK ☐
15. Did any FPIES episode occur when the child was exclusively breastfed? Yes ☐ No ☐ DK ☐ NA ☐
16. Age when solids were first introduced: < 4 m ☐ 4-6m ☐ 7-12m ☐ > 12 m ☐ Solids not yet introduced ☐ DK ☐
17. First solid food introduced: Rice cereal ☐ Vegetable ☐ Fruit ☐ Meat ☐ Other ☐ (specify) _____
- No solids introduced and child currently exclusively breast fed ☐ or exclusively bottle fed ☐ or combined breast/bottle fed ☐

MEDICAL HISTORY

18. Does the child have any other allergic disorder? Yes ☐ No ☐ DK ☐

18a. If YES, please specify:

Eczema: Y ☐ N ☐ DK ☐ Asthma: Y ☐ N ☐ DK ☐ Allergic rhinitis: Y ☐ N ☐ DK ☐ Eosinophilic oesophagitis: Y ☐ N ☐ DK ☐

Immediate IgE mediated food allergy: Y ☐ N ☐ DK ☐ If IgE food allergy which food(s) (specify if SPT alone and/or had clinical reaction) _____

19. Was the child prescribed an adrenaline injector for an immediate IgE food allergy? Y ☐ N ☐ DK ☐ N/A ☐

AGE PRESENTATION, CLINICAL FEATURES, AND TRIGGERS OF FPIES REACTIONS

20. Age at initial FPIES episode (in months): _____ 21. Age at diagnosis of FPIES (in months): _____

22. Were any of the following clinical features present during ANY FPIES episodes?

Vomiting ☐ Diarrhoea ☐ Bloody Diarrhoea ☐ Pallor ☐ Floppiness ☐ Lethargy ☐

Hypothermia ($< 36^{\circ}\text{C}$) ☐ Hypotension requiring IV fluids ☐

23. Please complete the table below

Food triggers of FPIES (specify)	Age (months) of initial reaction to food trigger	Number of FPIES episodes before diagnosis of FPIES made	Number of times knowingly ingested food trigger without initially having an FPIES reaction	Average time from ingestion of food trigger to FPIES reaction (hrs)	Skin prick test (SPT) result of food trigger**	RAST result of food trigger ***
		0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ≥ 3 <input type="checkbox"/> DK <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ≥ 3 <input type="checkbox"/> DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>
		0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ≥ 3 <input type="checkbox"/> DK <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ≥ 3 <input type="checkbox"/> DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>
		0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ≥ 3 <input type="checkbox"/> DK <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ≥ 3 <input type="checkbox"/> DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>
		0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ≥ 3 <input type="checkbox"/> DK <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ≥ 3 <input type="checkbox"/> DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>
		0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ≥ 3 <input type="checkbox"/> DK <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ≥ 3 <input type="checkbox"/> DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>	_____ DK <input type="checkbox"/>

* If child has had 2 or more episodes, please average the estimated time to reaction ** if SPT is 6x5 then mean result = 5.5 mm; *** quantitative result with units preferred, qualitative result accepted (e.g. negative, low positive, etc.)

FOODS INTRODUCED INTO DIET OF CHILD

Please specify whether any of these foods/milk/formulas have been introduced

Grains	Introduced?	Age introduced (months)	If introduced, FPIES reaction?
Rice	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Wheat	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Oat	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Rye	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Barley	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Corn	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Formulas/milk			
No formula and continue breast feeding	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>		
Lactose free cow formula/milk	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Soy formula/milk	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Cow milk formula/milk	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Partial hydrolysed formula (e.g NAN-HA, etc)	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Extensive hydrolysed formula (e.g. Alfare, Pepti-J, etc)	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Amino acid formula (e.g Elecare, Neocate)	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Other solid foods			
Whole egg (egg white alone , or egg white + yolk)	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Baked egg products (e.g biscuit, cake, muffin)	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Baked milk products (e.g. biscuit, cake, muffin)	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Legumes (e.g. beans, lentils, peas)	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Sweet potato	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Fish	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Shellfish	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Poultry	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Banana	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
Avocado	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>

FEEDING ADVICE FOLLOWING DIAGNOSIS

24. Following diagnosis, which food(s) were recommended for exclusion or avoidance in the child's diet?

Causative food(s) only ☐ Other food(s) ☐ (please specify): _____

25. Following diagnosis, were any food(s) excluded from the maternal diet if still breastfed?

Causative food(s) ☐ Other food(s) ☐ (please specify): _____**EMERGENCY DEPARTMENT (ED) VISITS AND INVESTIGATIONS**

26. How many times did the child present to an emergency department with symptoms typical of FPIES prior to diagnosis?

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 5+ ☐ DK ☐27. Were any following interventions/investigations performed during any FPIES episode prior to diagnosis? Y ☐ N ☐ DK ☐ NA ☐Abdominal U/s ☐ Barium study ☐ CT scan ☐ MRI scan ☐ EEG ☐ ECG ☐ IV antibiotics ☐
Gas enema ☐ Surgical consultation ☐ Operation ☐ (specify type) _____ Other ☐ (specify): _____28. Were any of the following identified during an episode of FPIES? Y ☐ N ☐ DK ☐ NA ☐Leukocytosis: Y ☐ N ☐ DK ☐ Neutrophilia: Y ☐ N ☐ DK ☐ Thrombocytosis: Y ☐ N ☐ DK ☐Metabolic acidosis: Y ☐ N ☐ DK ☐ Hypoglycaemia: Y ☐ N ☐ DK ☐**MANAGEMENT**29. Was an adrenaline injector provided for future emergency FPIES management? Y ☐ N ☐ DK ☐30. Was a written emergency plan given in case of future FPIES reactions? Y ☐ N ☐ DK ☐31. Did the child have a challenge to the causative food trigger(s) to support the diagnosis of FPIES? Y ☐ N ☐ DK ☐ If yes, how?☐ Increasing incremental amounts (e.g given every 15-20 minutes) until a meal size portion consumed☐ As a meal size portion of food given as a single, once off dose☐ Other (please specify): _____ DK ☐

Thank you for your help with this research project. Please return this questionnaire to the APSU in the reply-paid envelope or Fax to 02 98453082. Australian Paediatric Surveillance Unit, Kid's Research Institute, Locked Bag 4001, Westmead NSW 2145 The Australian Paediatric Surveillance Unit is a unit of the Royal Australasian College of Physicians (Paediatrics and Child Health Division) and is funded by the NHMRC (Enabling Grant No. 402784); the Australian Government Department of Health and Ageing; and Sydney Medical School, University of Sydney. This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.