

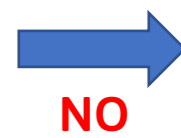
IS IT URTICARIA/ANGIOEDEMA?

URTICARIA = HIVES - itchy raised skin rash known as hives or wheals, round or ring-shaped, may join together. Wheals typically disappear of their own accord within 24 hours without a trace.

ANGIOEDEMA = SWELLING - swelling deep to the skin. Usually affects eyelids, lips or inside the mouth but may occur anywhere. May take longer to clear and can be painful. May be associated with abdominal or joint pain.

Patients may present with URTICARIA alone OR be associated WITH ANGIOEDEMA

Most episodes of urticaria are NOT allergic and do not require referral to allergy clinic or any further investigations.



Consider other causes of rash

See [Paediatric Rashes guide](#)



ACUTE URTICARIA	CHRONIC URTICARIA	Discuss with Paeds
<p>Single episode OR Recurrent episodes lasting < 6 weeks AND No red flag symptoms/ signs</p> <p>Usually self limiting with no obvious trigger Most common cause is viral urticaria</p> <p>Does not require any treatment or investigations</p> <p>Management</p> <ul style="list-style-type: none">▪ Explanation & reassurance▪ Safety net advice & patient info leaflet▪ Non-sedating antihistamine as required	<p>Frequent, regular or daily symptoms Lasting > 6 weeks with no obvious trigger</p> <p>Usually no obvious trigger identified Physical triggers e.g. temperature, hot/cold water, pressure, or friction may be reported</p> <p>NSAIDS/ opioids may exacerbate symptoms</p> <p>Management</p> <ul style="list-style-type: none">• As below• If already on regular antihistamines and symptoms not controlled request GP referral to paediatrics• Provide patient info leaflet	<ul style="list-style-type: none">▪ History of a possible anaphylaxis▪ Suspected food or drug allergy - reproducible appearance of hives immediately (up to one hour) on exposure to allergen▪ Urticarial vasculitis – Prolonged tender wheals that resolve with bruising - refer to Dermatology▪ Isolated angioedema without hives - investigate for hereditary angioedema

STEP 1 – AS REQUIRED ANTIHISTAMINE

- **Non-sedating antihistamine e.g. Cetirizine or Loratadine as required**
- **Use standard dose** as per BNFc
- Avoid Chlorphenamine due to risk of drowsiness

Standard Cetirizine Dose:
1 year – 250 microgram/kg x BD
2-5 Year – 2.5mg x BD
5-11 Year – 5mg x BD
12-17 Year – 10mg x OD

STEP 2 – REGULAR ANTIHISTAMINE

- **Non-sedating antihistamine e.g. Cetirizine, Loratadine, Fexofenadine**
- **Regular daily standard dose** as per BNFc
- Safe to give additional PRN doses if required for breakthrough symptoms
- Consider trial of stopping/weaning treatment every 3-6 months if symptoms controlled with no breakthrough
- Safe to continue regular daily antihistamine if symptoms persist – reassure patient

USEFUL RESOURCES

BSACI guideline for Management of Chronic urticaria

Urticaria Activity Score

Never Just Hives