



PAEDIATRIC ACUTE CARE GUIDELINE

Urticaria

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

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<http://kidshealthwa.com/about/disclaimer/>

Urticaria

Background

- Urticaria, is a common disorder, with a prevalence of 3-4% in childhood
- A typical urticarial lesion is an intensely pruritic, erythematous plaque
- Urticaria is sometimes accompanied by angioedema, which is swelling deeper in the skin
- Urticaria is not normally painful

Common causes

- Infection - 80% of acute urticarial is related to viral, bacterial, and parasitic infections
- Allergic reactions to medications
- Foods - allergic reactions to foods can cause urticaria, typically within 30 minutes of ingestion. Milk, egg, peanuts, tree nuts, soy, and wheat are the most common foods to cause generalized urticaria in children.
- Insect stings and bites
- Medications

Differential Diagnosis

Nonpruritic conditions

- Viral exanthems

Pruritic conditions

- Atopic dermatitis

- Contact dermatitis
- Scabies
- Drug eruptions
- Insect bites
- Erythema multiforme - the lesions may be painful or pruritic and distributed symmetrically on the extensor surfaces of the extremities (particularly the palms and soles). Individual lesions last several days, unlike urticaria. There may be accompanying fever and malaise.

Management

- Approximately two-thirds of cases of new-onset urticaria will be self-limited and resolve spontaneously

H1 antihistamines

- **Cetirizine**
 - 1-2 years old, the oral dose is 2.5 mg once daily
 - 2-6 years old, the oral dose is 5 mg once daily
 - > 6 years old, the oral dose is 10mg once daily
- **Loratadine**
 - 1-2 years, oral dose is 2.5mg once daily
 - > 2 years and < 30kg, oral dose is 5mg once daily
 - > 30kg, oral dose is 10mg once daily

Second-generation agents

- These drugs are minimally sedating, are essentially free of the anticholinergic effects that can complicate use of first-generation agents


Glucocorticoids

- A brief course of systemic glucocorticoids for 3-5 days may be added to antihistamine therapy to control persistent and severe symptoms

References

1. Bingham CO (2015) New Onset Urticaria. *UpToDate*. Accessed at www.uptodate.com
2. AMH Children's Dosing Companion (2015) Australian Medicines Handbook Pty Ltd

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