

Letter 1: Dietetic Hypoallergenic Formula Prescription Request Letter

Department of Nutrition & Dietetics

xxx

Date: xxx

Clinic Name: xxx
Consultant: Paediatric Dietitian
Clinic Date: xxx

Prescription Request

Dear colleague

Reason for Referral	Suspected/confirmed IgE/non-IgE cow's milk protein allergy
Dietetic Outcome	Patient tolerates cow's milk proteins and/or is ≥ 14 months with no further nutritional concerns, whichever is first.

GP Actions
<ul style="list-style-type: none"> Please action the below prescription requests for collection by the patient/ parent to their nominated pharmacy as per patient's usual routine for receiving prescriptions. Please review volumes prescribed every 3 months using the table below. This prescription should be stopped once the patient tolerates cow's milk proteins or at 14months, whichever is first.

***** NUTRITION PRESCRIPTION REQUEST *****

Standard Paediatric ACBS Indicator for Nutritional Supplements/Formula (BNF, 2016):
Food allergy/intolerance including cow's milk protein allergy

***** PRODUCT DETAILS*****

Name & Manufacturer	Quantity (g) per 28 days	Tins per 28 day	Duration (months)	Prescription Type	Review frequency	Information for Prescription
					3 monthly	

Further prescriptions should not be required beyond (insert prescription end date for 14 months of age), unless requested by a dietitian

Dietitian Follow Up Plan
There is no dietetic follow up planned, patient has been given contact details if further support is required in the next ___ months and will be discharged thereafter: Please ensure prescription is ended as specified by ___.
Or
Follow up is arranged for _____ months. The patient will be seen by (insert team)

Summary of consultation

Please do not hesitate to contact me should you require any further information.

Yours sincerely

Approval date: May 2022

Review date: May 2024 (or sooner if evidence or practice changes)

Not to be used for commercial or marketing purposes. Strictly for use within the NHS.

(Name)

Paediatric Dietitian
Direct telephone:

Cc:
Private and Confidential
Parent/ care

Recommended volumes (for 28 days) for repeat prescriptions based on age

Age	General Advice	Formula quantity
0-3 months	If exclusively formula fed, 150ml/kg/day of a normal concentration formula is required for this group.	10 x 400g (4000g)
3-6 months		13 x 400g (5200g)
6-9 months	Early weaning stage. Less formula as solid food intake increases. 800ml formula daily provides calcium requirement.	10 x 400g tins (4000g)
9-12 months	Advanced weaning stage. Less formula as solid food intake increases. 800ml formula daily provides calcium requirement.	8 x 400g tins (3200g)
12-14 months	Prescription will likely last until 14 months due to transition period to shop-bought plant-based milk alternative between months 12 to 14. Prescriptions lasting longer than this should only be provided if requested by a paediatric dietitian.	6 x 400g tins (2400g)

Mixed-fed infants: Recommended volumes (for 28 days) based on formula intake over 24 hours

Oz/day	ml/day	Formula quantity	400g tins (e.g. Althera®, Nutramigen®, all AAF)	800g tins (e.g. Aptamil Pepti 1 & 2®)
10oz	300ml	1600g	4	2
14oz	400ml	2000g	5	3
17oz	500ml	2400g	6	3
20oz	600ml	2800g	7	4
24oz	700ml	3200g	8	4
27oz	800ml	3600g	9	5
30oz	900ml	4000g	10	5
33oz	1000ml	4400g	11	6
36oz	1100ml	4800g	12	6

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