Introduction of Peanut Protein

Guidelines:

- Infants with severe eczema, egg allergy, or both - Refer to allergist for evaluation before introducing peanut protein
- Infants with mild to moderate eczema – introduce peanut-containing foods at around 6 months
- Infants with no eczema or any food allergy-introduce peanut-containing foods at 4 months

Recommended: The total amount of peanut protein to be regularly consumed per week should be approximately 6 to 7 g over 3 or more feedings.

Three peanut preparations that can be used:

**Option 1:** Smooth peanut butter (2 teaspoons) mixed with 2-3 tablespoons of either a previously tolerated pureed fruit or vegetable. (yields approximately 2 g of peanut protein)

**Option 2:** Measure 2 teaspoons of smooth peanut butter and slowly add 2 to 3 teaspoons of hot water. Stir until peanut butter is dissolved, thinned, and well blended. Let cool. Increase water amount if necessary (or add previously tolerated infant cereal) to achieve consistency comfortable for an infant (yields approximately 2 g of peanut protein)

**Option 3:** Peanut powder, 2 teaspoons (4 g of peanut butter powder; approximately 2 g of peanut protein). Add approximately 2 tablespoons (6-7 teaspoons) of pureed tolerated fruit or vegetables to powder. You can increase or reduce volume of puree to achieve desired consistency

**Option 4:** Bamba (peanut puff products with similar peanut protein content can be substituted) 21 pieces (approximately 2 g of peanut protein)

   a. For infants less than 7 months of age, soften the Bamba with 4 to 6 teaspoons of water.
   b. Older infants who can manage dissolved textures, unmodified Bamba can be fed. Softened Bamba should be provided if dissolvable textures are not yet part of the infant’s diet.
**General Instructions:**

1. Feed your infant only when he or she is healthy; do not do the feeding if he or she has a cold, vomiting, diarrhea, or other illness.
2. Give the first feeding at home and not at a day facility or restaurant.
3. Make sure at least 1 adult will be able to focus all his or her attention on the infant, without distractions from other children or household activities.
4. Make sure that you will be able to spend at least 2 hours after feeding to watch for any signs of an allergic reaction.

**Feeding Your Infant:**

1. Prepare a full portion of one of the peanut – containing foods from the recipe options above.
2. Offer your infant a small part of the peanut serving on the tip of a spoon.
3. Wait 10 minutes
4. If there is no allergic reaction after this small taste, then slowly give the remainder of the peanut – containing food at the infant’s usual eating speed.

**What to look for if there is a possible allergic reaction:**

Mild symptoms can include:

- a new rash
- OR
- a few hives around the mouth or face

More severe symptoms can include any of the following alone or in combination:

- lip swelling
- vomiting
- widespread hives (welts) over the body
- face or tongue swelling
- any difficulty breathing
- wheeze
- repetitive coughing
- change in skin color (pale, blue)
- sudden tiredness/lethargy/seeming limp

*If you have any concerns about your infant’s response to peanut, seek immediate medical attention/call 911*

*** Please have Diphenhydramine (Popular brand name : Benadryl) on hand in case of an allergic reaction***
DOSING Chart for Diphenhydramine

**Popular brand name: Benadryl**

Always read the label and check the active ingredient list of over the counter products. Different formulations of a brand name can have very different ingredients and concentrations. We recommend using only single ingredient products.

<table>
<thead>
<tr>
<th>Child’s weight ( pounds)</th>
<th>15-20 lbs.</th>
<th>20-24 lbs.</th>
<th>25-37 lbs.</th>
<th>38-49 lbs.</th>
<th>50-99 lbs.</th>
<th>100+ lbs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid 12.5mg/5ml</td>
<td>3.5ml</td>
<td>4ml</td>
<td>5ml</td>
<td>7.5ml</td>
<td>10ml</td>
<td>- - - ml</td>
</tr>
<tr>
<td>Chewable 12.5mg</td>
<td>- - - 1</td>
<td>1 1/2</td>
<td>2</td>
<td>4 tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tablets 25mg</td>
<td>- - - 1/2</td>
<td>- - - 1/2</td>
<td>1</td>
<td>2 tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capsule 25 mg</td>
<td>- - - -</td>
<td>- - - -</td>
<td>1</td>
<td>2 caps</td>
<td></td>
<td></td>
</tr>
</tbody>
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Reference:

Susan F. Cooper, MSc, Division of Allergy, Immunology, and Transplantation, National Institute of Allergy and Infectious Diseases, National Institutes of Health: Addendum Guidelines for the Prevention of Peanut Allergy in the United States, 10/18/2016

6/2020