APPENDIX D. INSTRUCTIONS FOR HOME FEEDING OF PEANUT PROTEIN FOR INFANTS AT LOW RISK OF AN ALLERGIC REACTION TO PEANUT

These instructions for home feeding of peanut protein are provided by your doctor. You should discuss any questions that you have with your doctor before starting. These instructions are meant for feeding infants who have severe eczema or egg allergy and were allergy tested (blood test, skin test, or both) with results that your doctor considers safe for you to introduce peanut protein at home (low risk of allergy).

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 peanut feeding at home and not at a day care facility or restaurant.
3. Make sure at least 1 adult will be able to focus all of 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 with your infant after the 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 below.
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 are symptoms of an allergic reaction? What should I look for?

- 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.
Four Recipe Options, Each Containing Approximately 2g of Peanut Protein

Note: Teaspoons and tablespoons are US measures (5 and 15 mL for a level teaspoon or tablespoon, respectively).

Option 1: Bamba (Osem, Israel), 21 pieces (approximately 2 g of peanut protein)

Note: Bamba is named because it was the product used in the LEAP trial and therefore has proven efficacy and safety. Other peanut puff products with similar peanut protein content can be substituted.

a. For infants less than 7 months of age, soften the Bamba with 4 to 6 teaspoons of water.

b. For older infants who can manage dissolvable textures, unmodified Bamba can be fed. If dissolvable textures are not yet part of the infant's diet, softened Bamba should be provided.

Option 2: Thinned smooth peanut butter, 2 teaspoons (9-10 g of peanut butter; approximately 2 g of peanut protein)

a. Measure 2 teaspoons of peanut butter and slowly add 2 to 3 teaspoons of hot water.

b. Stir until peanut butter is dissolved, thinned, and well blended.

c. Let cool.

d. Increase water amount if necessary (or add previously tolerated infant cereal) to achieve consistency comfortable for the infant.
**Option 3:** Smooth peanut butter puree, 2 teaspoons (9-10 g of peanut butter; approximately 2 g of peanut protein)

a. Measure 2 teaspoons of peanut butter.

b. Add 2 to 3 tablespoons of pureed tolerated fruit or vegetables to peanut butter. You can increase or reduce volume of puree to achieve desired consistency.

**Option 4:** Peanut flour and peanut butter powder, 2 teaspoons (4 g of peanut flour or 4 g of peanut butter powder; approximately 2 g of peanut protein)

*Note:* Peanut flour and peanut butter powder are 2 distinct products that can be interchanged because they have a very similar peanut protein content.

a. Measure 2 teaspoons of peanut flour or peanut butter powder.

b. Add approximately 2 tablespoons (6-7 teaspoons) of pureed tolerated fruit or vegetables to flour or powder. You can increase or reduce volume of puree to achieve desired consistency.