

3. What implications for nursing care exist in this situation after an intervention in item 2c has been chosen and implemented?
4. Describe the potential results of taking a “let's observe Jason for a few minutes before we do anything” stance in this scenario.
5. Is there evidence to support your immediate and secondary nursing interventions? Provide objective evidence to support your decisions for action.

Exclusive breastfeeding is now considered a primary strategy for avoiding atopy in families with known food allergies; however, there is no evidence that maternal avoidance (during pregnancy or lactation) of cow's milk protein or other dietary products known to cause food allergy will prevent food allergy in children ([American Academy of Pediatrics, 2014](#); [Boyce, Assa'ad, Burks, et al, 2010](#)). Researchers indicate that delaying the introduction of highly allergenic foods past 4 to 6 months old may not be as protective for food allergy as previously believed ([Fleischer, Spergel, Assa'ad, et al, 2013](#)). Likewise, studies have shown that soy formula does not prevent allergic disease in infants and children ([Fleischer, Spergel, Assa'ad, et al, 2013](#)).

Cow's Milk Allergy

Cow's milk allergy (CMA) is a multifaceted disorder representing adverse systemic and local GI reactions to cow's milk protein. Approximately 2.5% of infants develop cow's milk hypersensitivity, with 60% being IgE mediated. Some studies suggest that milk allergy may persist, and some children may not be able to tolerate milk until they are 16 years old ([American Academy of Pediatrics, 2014](#)). (This discussion centers on cow's milk protein contained in commercial infant formulas; whole milk is not recommended for infants younger than 12 months old.) The allergy may be manifested within the first 4 months of life through a variety of signs and symptoms that may appear within 45 minutes of milk ingestion or after several days ([Box 10-2](#)). The diagnosis may initially be made from the history, although the history alone is not diagnostic. The timing and diversity of clinical manifestations vary greatly. For example, CMA may be manifested as colic, diarrhea,