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Assessment Of Early Peanut Introduction Guidelines Among Pediatricians in an Inner-City Hospital

Rationale: Peanuts are the leading cause of death from food induced anaphylaxis. The 2015 Learning Early About Peanut Allergy (LEAP) landmark study led to the 2017 Addendum Guidelines, which recommends early peanut introduction to infants at increased risk of developing peanut allergy. It is unclear to what extent general pediatricians follow these guidelines. Educating pediatric residents and attendings will result in an increased knowledge of these evidence-based early peanut introduction guidelines, leading to reduced development of peanut allergy in the pediatric population.

Methods: In this QI study, an anonymous voluntary survey was distributed to all pediatric residents and attendings to assess knowledge of the current guidelines and practice of early peanut introduction. There were no exclusion criteria. This is an ongoing project with a future educational intervention and a post intervention survey. Descriptive statistics were used.

Results: To date, 83 participants have answered the survey - 10 attendings and 73 pediatric residents who have continuity clinics at different locations. 35 (42%) were not aware of the LEAP trial. 51 (61%) have not heard of the 2017 Addendum Guidelines. 73 (88%) of participants have never ordered peanut IgE. Only 5 (6%) feel comfortable to interpret lab results to diagnose peanut allergy. Only 34 (41%) participants always ask parents about peanut introduction. 61 (73.5%) reports $\leq 5\%$ of peanut allergy in their practice. 52 (63%) participants discuss peanut introduction at ≥ 6 months of age and 6 (7%) never discuss peanut introduction.

Conclusions: This preliminary data demonstrates that there is a knowledge gap in pediatric house residents and attendings regarding the new guidelines for early peanut introduction in high-risk populations to prevent development of peanut allergy. Next, participants will view a 10-minute informational video and the same survey will be redistributed to assess for any post intervention changes.