

Checklist: Acute Urticaria and Chronic Urticaria

This document has been developed by [ASCIA](http://www.ascia.org.au), the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. ASCIA information is based on published literature and expert review, is not influenced by commercial organisations and is not intended to replace medical advice. For patient or carer support contact [Allergy & Anaphylaxis Australia](http://www.allergy.org.au) or [Allergy New Zealand](http://www.allergy.org.nz).

The aim of checklist is to provide a summary of typical differences between acute urticaria (hives), which is a common, transient condition, and chronic spontaneous urticaria, to help guide management. It is important to differentiate between these conditions to determine the best approach to treatment.

| Symptoms | Acute Urticaria (New Onset), <6 weeks of symptoms | Chronic Spontaneous Urticaria (CSU) |
|---|--|---|
| Pruritic wheals appear anywhere on the body | Yes: Wheals usually resolve within 1-2 days, but can last up to 6 weeks. | Yes: Wheals can be large and persistent, presenting on most days for 6 weeks or longer. |
| Severe symptoms that affect day to day function, leading to sleep disturbance, daytime tiredness, poor concentration. | Rarely: Do not usually occur | Yes: If uncontrolled |
| Triggers | Acute Urticaria | Chronic Spontaneous Urticaria (CSU) |
| Allergens, such as foods, drugs, insects, plants, pollens, dust mite, animal saliva. | Sometimes: Relevant exposure is usually within 1-2 hours pre-rash | Rarely |
| Infections and post-infections | Yes: Very common in children | Sometimes |
| Physical factors, such as heat, exercise, stress (cholinergic urticaria), cold temperatures (cold urticaria), alcohol and hormonal changes. | Yes | Yes |
| Non steroidal anti-inflammatory (NSAIDS) medications | Sometimes | No |
| Autoimmune conditions | Less common | Sometimes |
| Idiopathic (unknown) | Less common | Sometimes |

ASCIA Checklist: Acute Urticaria and Chronic Urticaria

| Tests | Acute Urticaria | Chronic Spontaneous Urticaria (CSU) |
|---|--|--|
| Skin prick tests or blood tests for allergen specific IgE) | Not usually/rarely required: Should only be performed if specific allergen/s are suspected | Not recommended: May be positive due to co-existent sensitisation or allergic disease |
| Other tests required for diagnosis | Not usually/rarely required: Single episodes do not require testing | Sometimes: Blood tests may be ordered if an underlying condition is suspected. Specialist tests can help determine medication responses. |
| Treatments and Referrals | Acute Urticaria | Chronic Spontaneous Urticaria (CSU) |
| Trigger avoidance or minimisation | Yes: If triggered by allergen/s or induced by irritant/s | Yes: It is useful to identify triggers so they can be minimised |
| Antihistamine tablets or syrups (non-sedating) | Yes: To relieve itch and swelling | Yes: Higher doses are usually required to relieve itch and swelling |
| Oral corticosteroids (short course) | No | Occasionally: Short term use only |
| Biologics | No | Yes: If severe, and/or lack of response to high dose antihistamines |
| Referral to clinical immunology /allergy specialist recommended | Not usually/rarely required: Unless potential allergic trigger identified on history | Yes: To assess triggers and for medical management |

© ASCIA 2025

Content developed April 2025

For more information go to www.allergy.org.au/hp/skin (health professionals) or www.allergy.org.au/patients/skin-allergy (patients/carers)

To support allergy and immunology research go to www.allergyimmunology.org.au/donate