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REFERRAL GUIDELINES: ALLERGY, ASTHMA & CLINICAL IMMUNOLOGY

Essential Referral Content

Demographic

- Date of birth. Patients must be 18 and over
- Contact details (including mobile phone)
- Referring GP details
- Interpreter requirements
- Medicare number

Clinical

- Reason for referral
- Duration of symptoms
- Relevant pathology & imaging reports
- Past medical history
- Current medications
- Please advise whether or not the patient already has an EpiPen

Exclusion Criteria

The Alfred Outpatient Referral Form is available to print and fax to the Outpatient Department on 9076 2245. PLEASE ENSURE REFERRALS ARE TO A NAMED SPECIALIST - see the individual clinic pages for more information.

The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital.
- Children under 18 years of age are not seen at The Alfred.
- Patients with atopic eczema should generally be referred to the Dermatology Unit for opinion, unless there are specific allergy concerns.

REFERRAL PROCESS: ALLERGY, ASTHMA & CLINICAL IMMUNOLOGY

STEP 1

You will be notified when your referral is received by outpatients.

Essential referral content will be checked and you may be contacted if further information is required.

STEP 2

The referral is triaged by the specialist unit according to clinical urgency.

This determines how long the patient will have to wait for an appointment.

STEP 3

Patients with **urgent** conditions are scheduled to be seen within 30 days. Patients with **routine** conditions are given the next available appointment according to clinical need.

Both the referrer and patient are notified.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist– please provide your patient with a **12 month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Allergy Registrar on call on 9076 2000.

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The Alfred gratefully acknowledges the assistance of the Canterbury and District Health Board in New Zealand in developing these guidelines.
They are intended as a guide only and have been developed in conjunction with the Heads of Unit of The Alfred.

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REFERRAL PRIORITY: ALLERGY, ASTHMA & CLINICAL IMMUNOLOGY

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

IMMEDIATE **Direct to the Emergency & Trauma Centre**	URGENT **Appointment timeframe within 30 days**	ROUTINE **Appointment timeframe greater than 30 days depending on**
• Acute anaphylaxis • Acute severe asthma	• Recent anaphylaxis • Anaphylaxis where no management plan exists • History of life-threatening asthma or hospital admission for asthma in the past year • Unstable asthma where the peak flow is greater than 70% predicted • Anaphylaxis to an avoidable identified agent • Formulation of an anaphylaxis management plan and Epi-Pen education	• Referral for insect venom desensitisation • Recent onset urticaria • Difficult to treat asthma with peak flows greater than 70% predicted • Assessment for non-HIV immunodeficiency where there is end-organ disease • Assessment for Allergic rhinitis • Asthma education • Asthma where an allergic component is considered a relevant trigger • Assessment for immunotherapy to aeroallergens • Latex or drug allergy where no immediate requirement for exposure exists • Assessment of chronic urticaria • Non-anaphylactic food allergy • Drug allergy where the drug is readily avoidable • Assessment for immunodeficiency where there is no evidence of
Phone the Allergy Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.	Urgent cases must be discussed with the Allergy Registrar on call to obtain appropriate prioritisation and a referral letter faxed to 9076 2245.	Referrals to be faxed to 9076 2245. All referrals are reviewed and triaged by the Head of Unit according to clinical urgency.

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Referral Guideline Contents

ALLERGIES:

Stinging insect, Food allergy, Latex allergy, Drug allergy and Anaesthetic allergy

Evaluation	Management	Referral Guidelines
• Careful history. • Document anaphylaxis, severity of symptoms and interval between exposure and reaction. • For anaesthetic allergy, please provide anaesthetic record where available or details of hospital and name of specialist where event occurred .	Skin or blood-specific IgE testing is performed at The Alfred.	A careful history of ingestion of foods and/or drugs prior to an episode of anaphylaxis is critical. This is particularly important in drug or anaesthetic allergy as patients are not always aware of exactly what drugs they have received.

SKIN TESTING

Evaluation	Management	Referral Guidelines
	Avoid skin testing where the reaction to the suspected culprit is anaphylaxis.	

RESPIRATORY ALLERGY

Evaluation	Management	Referral Guidelines
History of rhinitis and/or asthma.		

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ANAPHYLAXIS

Evaluation	Management	Referral Guidelines
• Identify causative agent from history if possible. • Please advise whether or not the patient currently has an EpiPen.	• Make safe if possible: avoid likely causative agent. • Anaphylaxis Action plan and EpiPen.	Will expedite appointment if the triggering allergen is uncertain or difficult to avoid.

EPIPENS

Evaluation	Management	Referral Guidelines
Ongoing supply on PBS must be authorised by a specialist in Allergy and Clinical Immunology.	Need an action plan and advice how to use.	Refer for early appointment. If a patient has had anaphylaxis and requires an Epi-Pen, the GP can phone the Allergist on call to approve supply or it can be prescribed by treating emergency physician.

SUSPECTED IMMUNOLOGICAL DEFICIENCY

Evaluation	Management	Referral Guidelines
• Detection of sinusitis/bronchiectasis. • Family history of immunodeficiency. • Recurrent infections.	• Document frequency of infections. • Document infective organisms if possible.	• Referral indicated if 3 or greater proven bacterial infections within one year. • Referral indicated for chronic sinusitis and/or bronchiectasis where no other cause has been elicited.

ASTHMA

Evaluation	Management	Referral Guidelines
• Severity of symptoms • Previous hospitalisations • Oral Prednisolone use • Current medication Patients to bring puffers to initial consultation.	Avoid or control triggers.	Specialist referral required if: • Life –threatening attacks. • Moderate or severe persistent asthma. • Patient has difficulty with self-management. • Atypical signs of symptoms, or difficulties with differential diagnosis. • Complicating conditions such as sinusitis, nasal polyposis, aspergillosis or severe rhinitis. • Further diagnostic tests required eg provocation testing or complete lung function tests. • Patient does not respond optimally to treatment. • Additional guidance needed eg trigger avoidance or treatment complications.