

# Allergy, Asthma and Clinical Immunology Specialist Clinic Referral Guidelines

The impact of COVID-19 has resulted in high demand for specialist clinic consultations. If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

**If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.**

Please fax your referral to The Alfred Specialist Clinics on 9076 2245 or by email to [allergy@alfred.org.au](mailto:allergy@alfred.org.au). [The Alfred Specialist Clinics Referral Form](#) is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service. Advice regarding referral for specific conditions to the Alfred Allergy, Asthma and Clinical Immunology Service can be found [here](#).

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.

Notification will be sent when the referral is received. The referral may be declined if it does not contain essential information required for triage, or if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

**The following conditions are not routinely seen at Alfred Health:**

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age
- Patients with atopic eczema should generally be referred to the Dermatology Unit for opinion, unless there are specific allergy concerns.

**Please include in your referral:**

**Demographic details:**

- Date of birth
- Patient's contact details including mobile phone number
- Referring GP details
- If an interpreter is required
- Medicare number

**Clinical information:**

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

# Allergy, Asthma and Clinical Immunology Specialist Clinic Referral Guidelines

Some clinics offer private consultations in public rooms. If the patient chooses to be seen as a private patient, **please provide a referral to a named specialist** to comply with MBS billing requirements. There is no out-of-pocket cost to the patient. Please note the patient may be seen by another consultant in that clinic to expedite their care.

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, or if you require an urgent specialist opinion, please contact the Allergy Registrar on call on 9076 2000.**

## Contents

### Allergy:

Stinging insect

Food allergy

Latex allergy

Drug allergy

Respiratory allergy

Anaphylaxis

Adrenaline autoinjectors

Suspected immunological deficiency

Asthma

## **Allergy**

### **Stinging insect allergy**

#### **Evaluation**

##### **Key Points:**

- A careful history of insect sting prior to an episode is critical.
- Routine referral appropriate for insect venom desensitisation

##### **Investigations:**

- Careful history
- Document anaphylaxis, severity of symptoms and interval between exposure and reaction

##### **Management:**

- Blood (specific IgE) or skin testing is performed at The Alfred.

##### **Additional information:**

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

[Return to Contents.](#)

## Food allergy

### Evaluation

#### Key Points:

- A careful history of foods and/or drugs prior to an episode is critical.
- Non-anaphylactic food allergy.

#### Investigations:

- Careful history
- Document anaphylaxis, severity of symptoms and interval between exposure and reaction

#### Management:

- Blood (specific IgE) or skin testing is performed at The Alfred.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

[Return to Contents.](#)

## Latex allergy

### Evaluation

#### Key Points:

- A careful history of latex exposure prior to an episode is critical.
- Latex allergy where no immediate requirement for exposure exists.

#### Investigations:

- Careful history
- Document anaphylaxis, severity of symptoms and interval between exposure and reaction

#### Management:

- Blood (specific IgE) or skin testing is performed at The Alfred.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

[Return to Contents.](#)

## Drug allergy

### Evaluation

#### Key Points:

- A careful history of foods and/or drugs prior to an episode is critical.
  - This is particularly important in drug allergy as patients are not always aware of exactly what drug they have received.

#### Investigations:

- Careful history
- Document anaphylaxis, severity of symptoms and interval between exposure and reaction

#### Management:

- Blood (specific IgE) or skin testing is performed at The Alfred.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

[Return to Contents.](#)

## Respiratory allergy

### Evaluation

#### Key Points:

- History of rhinitis and/or asthma
- Asthma where an allergic component is considered a relevant trigger
- Assessment for immunotherapy to aeroallergens.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

[Return to Contents.](#)



## Anaphylaxis

### Direct to the Emergency Department for:

- Acute anaphylaxis.

### Immediately contact the Allergy registrar on 9076 2000 to arrange urgent allergy assessment for:

- Recent anaphylaxis
- Anaphylaxis where no management plan exists
- Anaphylaxis to an avoidable identified agent
- Formulation of an anaphylaxis management plan and EpiPen education.

## Evaluation

### Key Points:

- Appointments will be expedited if the triggering allergen is uncertain or difficult to avoid.

### Investigations:

- Identify causative agent from history if possible
- Please advise whether or not the patient currently has an EpiPen.

### Management:

- Make safe if possible: avoid likely causative agent
- Anaphylaxis Action Plan and EpiPen.

### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

[Return to Contents.](#)

## Adrenaline autoinjectors

### Evaluation

#### Key Points:

- Refer for an early appointment
- If patient has had an anaphylaxis and requires an adrenaline autoinjector, the GP can phone the Allergist on call to approve supply or it can be prescribed by treating emergency physician.

#### Investigations:

- Ongoing supply on PBS must be authorised by a specialist in Allergy and Clinical Immunology.

#### Management:

- Need an action plan and advice on how to use.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

[Return to Contents.](#)

## **Suspected immunological deficiency**

### **Evaluation**

#### **Key Points:**

- Referral indicated if three or more proven bacterial infections within one year.
- Referral indicated for chronic sinusitis and/or bronchiectasis where no other cause has been elicited.
- Routine referral is appropriate for assessment for non-HIV immunodeficiency where there is end-organ disease

#### **Investigations:**

- Detection of sinusitis/bronchiectasis
- Family history of immunodeficiency
- Recurrent infections.

#### **Management:**

- Document frequency of infections
- Document infective organisms if possible.

#### **Additional information:**

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

[Return to Contents.](#)

## Asthma

### **Direct to the Emergency Department for:**

- Acute severe asthma.

### **Immediately contact the Allergy registrar on 9076 2000 to arrange an urgent allergy assessment for:**

- History of life-threatening asthma or hospital admission for asthma in the past year
- Unstable asthma where the peak flow is less than 70% predicted.

## **Evaluation**

### **Key Points:**

- 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 e.g. provocation testing or complete lung function tests
  - Patient does not respond optimally to treatment
  - Additional guidance needed e.g. trigger avoidance or treatment complications.
- Routine referral is appropriate for:
  - Difficult to treat asthma with peak flows greater than 70% predicted
  - Asthma education

### **Investigations:**

- Severity of symptoms
- Previous hospitalisations
- Oral prednisolone use
- Current medications
- Patient to bring puffers to initial consultation.

### **Management:**

- Avoid or control triggers.

### **Additional information:**

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

[Return to Contents.](#)