

# Specialist Clinic Referral Guidelines

## ALLERGY, ASTHMA AND CLINICAL IMMUNOLOGY

**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.**

### **To refer your patient to Specialist Outpatient Allergy, Asthma and Clinical Immunology clinics**

Please send your referral to Alfred Specialist Clinics via **ConsultMed eReferral**. To log in or create a free [Consultmed account click here](#).

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to [op.referrals@alfred.org.au](mailto:op.referrals@alfred.org.au) whilst we transition our services to this secure platform.

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

Please note a referral may be declined if it does not contain essential information required for triage, if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The clinical information provided in the referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment. Waiting times to scheduled appointments vary across clinics and are impacted by factors including clinic demand, capacity and staffing. You can view waiting times to scheduled appointments for urgent and routine referrals [here](#).

#### **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.

#### **Referral to a Victorian public hospital is not appropriate for**

- Stable asthma that is controlled with the current management plan.

# Specialist Clinic Referral Guidelines

## ALLERGY, ASTHMA AND CLINICAL IMMUNOLOGY

Please include in your referral:

<b>Demographic details:</b> <ul style="list-style-type: none"><li>• Date of birth</li><li>• Patient's contact details including mobile phone number</li><li>• Referring GP details</li><li>• If an interpreter is required</li><li>• Medicare number</li></ul>	<b>Clinical information:</b> <ul style="list-style-type: none"><li>• Reason for referral</li><li>• Duration of symptoms</li><li>• Relevant pathology and imaging reports</li><li>• Current medications</li><li>• Past medical history</li><li>• Please advise whether or not the patient already has an adrenaline autoinjector</li></ul>
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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.**

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### **Allergy**

#### **Stinging insect allergy**

- A careful history of insect sting prior to an episode is critical.
- Routine referral appropriate for insect venom desensitisation
- Blood (specific IgE) or skin testing is performed at The Alfred.

#### **Information to be provided in the referral**

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

#### **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.

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### Food allergy

- A careful history of foods and/or drugs prior to an episode is critical.
- Non-anaphylactic food allergy
- Blood (specific IgE) or skin testing is performed at The Alfred.

### Information to be provided in the referral

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

### 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.

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### Latex allergy

- A careful history of latex exposure prior to an episode is critical.
- Latex allergy where no immediate requirement for exposure exists.
- Blood (specific IgE) or skin testing is performed at The Alfred.

### Information to be provided in the referral

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

### 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.

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### Drug allergy

#### Evaluation

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

#### Information to be provided in the referral

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

#### 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.

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### Respiratory allergy

#### Information to be provided in the referral

- 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.

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### 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.

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

#### Information to be provided in the referral

- 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.

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### **Adrenaline autoinjectors**

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

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### **Suspected immunological deficiency**

#### **Criteria for referral to Alfred Allergy, Asthma and Clinical Immunology**

- 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

#### **Information to be provided in the referral**

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

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### **Assessment of asthma management**

Department of Health [Statewide Referral Criteria](#) apply for this condition

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

- Life threatening asthma, including thunderstorm asthma (after initial emergency management)
- Severe asthma, including thunderstorm asthma, if symptoms have not resolved after initial emergency management
- Oxygen saturation 90%
- Soft or absent breath sounds, cyanosis, or poor respiratory effort
- Bradycardia or hypotension
- Exhaustion, confusion or coma

#### **Criteria for referral to public hospital service**

- Previously diagnosed asthma that requires further advice on, or review of, the current management plan or management of treatment related adverse effects (e.g. recent emergency treatment or hospital admission, frequent use of oral corticosteroids, prolonged use of high-dose inhaled corticosteroids, frequent chest infections)
- Asthma with clinical or spirometry features suggestive of an alternative or additional diagnosis
- Asthma caused or exacerbated by workplace exposure that is impacting on the person's ability to work.

#### **Information to be included in the referral**

Information that **must** be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- Description of onset, nature, progression, recurrence and duration of symptoms (e.g. breathlessness chest tightness, wheezing, cough). Include details of previous emergency treatment or hospitalisations for asthma and oral prednisolone or high-dose inhaled corticosteroids use
- Details of previous management including the course of treatment(s), assessment of adherence to current management plan and outcome of treatment(s)
- Any known or suspected allergies or triggers
- Approximate age at diagnosis
- Smoking history (cigarettes and all forms of tobacco, nicotine, vaping and cannabis)
- At risk occupational history (if relevant)

### Assessment of asthma management, continued.

- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- History of any other inhalant use, including if the patient is still using
- Past medical history and comorbidities.

Provide if available

- Spirometry
- Height
- Other lung function tests
- Relevant sputum culture results
- Recent (previous 6 months) full blood examination (FBE) results
- Chest x-ray (including date and details of the diagnostic imaging practice)
- Current vaccination status.
- If the person identifies as an Aboriginal and/or Torres Strait Islander.

### Additional information

The [Summary and referral information](#) lists the information that should be included in a referral request.

Spirometry can be performed in primary care if reliable equipment and appropriately trained staff are available. Where it is not available, patients can be referred to an appropriate provider such as an accredited respiratory function laboratory.

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

### Referral to a public hospital is not appropriate for

Stable asthma that is controlled with the current management plan.

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