Monash Health Referral Guidelines
IMMUNOLOGY AND ALLERGY

EXCLUSIONS

Services not offered by Monash Health

- Patients under 13 age: refer to relevant Monash Children's Speciality guidelines
- Eczema management unless referred by Dermatology
- Patch testing: consider referral to Dermatology
- Metal allergy testing: consider referral to Dermatology
- Food Challenges
- Lactose or fructose testing
- Anaesthetic allergy testing: consider referral to Anaesthetics

CONDITIONS

Allergic Rhinitis

Anaphylaxis

Angiodema

Asthma

Eczema

Food Allergy

Insect Venom Allergy (Jack Jumper Ant, Wasp and Bee)

Medication Allergies

Primary Immunodeficiency

Urticaria

Vaccine Allergies

PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral.**

EMERGENCY

For emergency cases please do any of the following:
- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Head of unit: Dr Sara Barnes

Program Director: Prof William Sievert

Last updated: 16/07/2020

Monash Health Referral Guidelines
IMMUNOLOGY AND ALLERGY

REFERRAL

How to refer to Monash Health

Mandatory referral content

Demographic:
Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:
Reason for referral
Duration of symptoms
Management to date and response to treatment
Past medical history
Current medications and medication history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics as per referral guidelines

Click here to download the outpatient referral form

CONTACT US

Medical practitioners

To discuss complex & urgent referrals during business hours contact on Allergy Nurse 0423 898 136 or email allergy@monashhealth.org

General enquiries

Phone: 1300 342 273

Submit a fax referral

Fax referral form to Specialist Consulting Services: 9594 2273

Head of unit:
Dr Sara Barnes

Program Director:
Prof William Sievert

Last updated:
16/07/2020

ALLERGIC RHINITIS

ALLERGIC RHINITIS

Presentation
History of possible Allergic Rhinitis

Initial GP Work Up
N/A

Management Options for GP
Consider trial of intranasal corticosteroids and non-sedating oral antihistamines

There is up to a 3 year wait for Allergic Rhinitis to be reviewed. A list of Allergist/Immunologists can be found at: Australasian Society of Clinical Immunology and Allergy

The prescription of immunotherapy is not subsidised by Monash Health.

WHEN TO REFER?

Routine
- Further allergy testing and interpretation is required to confirm diagnosis and facilitate allergen avoidance where possible.
- Severe or inadequately controlled allergic rhinitis despite therapy.
- Consideration if being made for allergen immunotherapy.
- Other atopic comorbidities require management.
- Symptoms impacting on patient's quality of life

BACK

ANAPHYLAXIS

ANAPHYLAXIS

Presentation
History of Anaphylaxis

Initial GP Work Up
- Tryptase: after acute reaction (if available) and baseline taken 6 weeks post reaction.
- Ask patient to record exposures in the three hours prior to the episode, e.g. food (obtain list of ingredients), medications or supplements, and activities

Management Options for GP
- Check if an adrenaline auto-injector has been prescribed
- Currently we are unable to offer food challenges.

WHEN TO REFER?

Emergency
All anaphylaxis.

Urgent
- Uncontrolled asthma
- Multiple presentations
- Unclear management plan
- Patient education required.

Routine
Transitioning from Paediatric to adult care services.

BACK

ANGIOEDEMA

ANGIOEDEMA

Initial GP Work Up

- Tryptase
- Full Blood Count, Erythrocyte sedimentation rate, C-Reactive Protein
- C3,C4

Management Options for GP

- Consider ceasing ACE inhibitor if patient is on one
- Ask patient to record exposures in the three hours prior to the episode, e.g. food (obtain list of ingredients), medications or supplements, and activities

WHEN TO REFER?

Emergency

All airway compromising angioedema

Urgent

- Uncontrolled asthma
- Multiple presentations
- Unclear management plan
- Patient education require

Routine

- History of recurrent angioedema
- Medication induced angioedema

BACK

ASTHMA

ASTHMA

Presentation

History of possible asthma

Initial GP Work Up

- Full Blood Count
- Serum IGE

Management Options for GP

Consider trial of inhaled corticosteroids

WHEN TO REFER?

Emergency

Has a life threatening asthma exacerbation.

Urgent

Patient has required more than two bursts of oral corticosteroids in 1 year or has required hospitalisation.

Routine

- Management of asthma, including consideration of immune modifying medications, to achieve control
- Signs and symptoms are atypical
- Additional diagnostic testing is indicated
- Patient requires additional education and guidance on therapy, adherence and allergy avoidance.

BACK

ECZEMA

ECZEMA → **WHEN TO REFER?**

Presentation
Eczema/Dermatitis referred by Dermatology

Initial GP Work Up
Requires referral from Dermatology.

Management Options for GP
N/A

Routine
Requires further investigation of potential allergens and consideration of immunotherapy.

BACK

FOOD ALLERGY

FOOD ALLERGY → **WHEN TO REFER?**

Presentation
Histories of food allergy requiring further clarification

Initial GP Work Up
Consider other diagnosis such as irritable bowel syndrome, eosinophilic oesphagitis, lactose and fructose intolerance.

Management Options for GP
- Consider referral to gastroenterologist for intolerance symptoms
- We are unable to offer food challenges.

Emergency
History suggestive of angioedema or anaphylaxis

Urgent
- Uncontrolled asthma
- Multiple presentations
- Unclear management plan
- Patient education required.

Routine
- Requires consideration of further investigation or testing.
- We will not offer skin prick testing routinely unless after seeing the Allergist it is deemed necessary.

BACK

INSECT VENOM ALLERGY

JACK JUMPER ANT, BEE AND WASP ALLERGY

Presentation
History of anaphylaxis to Jack Jumper Ant, Bee or Wasp

Initial GP Work Up
- RAST (specific IgE) to Jack Jumper Ant, Bee or Wasp with measured value in kU/L
- Serum IgE
- Tryptase: after acute reaction (if available) and baseline
- Full Blood Count

Management Options for GP
Check if an adrenaline auto-injector has been prescribed

WHEN TO REFER?

Emergency
All anaphylaxis.

Urgent
Post discharge or post first episode of anaphylaxis.

Routine
- Transitioning from Paediatric to adult care services.
- Previously seen by an Allergist/Immunologist and now wishes to consider immunotherapy.

BACK

MEDICATION ALLERGIES

MEDICATION ALLERGIES

Presentation
Histories of medication allergy requiring further clarification and or these medications are required

We do not see Anaesthetic Allergy. Referrals for Anaesthetic allergies should be directed to Anaesthetics.

Initial GP Work Up
- Tryptase baseline
- Serum IgE
- Full Blood Count
- Clear documented history of previous medications taken and dates.
- Clear documentation of reaction including hospital notes if hospitalisation required if not at Monash Health.

Management Options for GP
N/A

WHEN TO REFER?

Emergency
Anaphylaxis to medicine

Urgent
- Multiple medication allergies requiring clarification
- Requires urgent treatment for medication in question, preferably has been seen by Specialist in area medication required to ensure no other options are available.

Routine
When medications are required, however there is lack of clarity regarding potential allergy.

BACK

PRIMARY IMMUNODEFICIENCY

PRIMARY IMMUNODEFICIENCY

Presentation
History of severe / recurrent infections, unusual infections or multiple autoimmune manifestations suggestive of immune dysregulation

Initial GP Work Up
- Immunoglobulins
- Lymphocyte subsets
- Full blood count

Management Options for GP
- Discuss as required with on-call immunologist.
- Refer.

WHEN TO REFER?

Urgent
- More than two episodes of pneumonia in 12 months.
- Recurrent severe infections
- Agammaglobulinaemia

Routine
- Recurrent sinopulmonary infections
- Unusual infections
- Concern regarding possible immune dysregulation
- Concern regarding family history
- On intravenous immunoglobulin therapy, for consideration of transfer to subcutaneous replacement

BACK

URTICARIA

URTICARIA

Presentation
Recurrent persistent urticaria

Initial GP Work Up
- Tryptase
- Full Blood Count, ESR, CRP

Management Options for GP
- Consider increasing non-sedating oral antihistamine up to 4 times a day
- If daily severe urticaria please advise patient not to withhold antihistamines on the days prior to review as blood tests can be offered or skin prick testing can be co-ordinated.
- Ask patient to record exposures in the three hours prior to the episode, e.g. food (obtain list of ingredients), medications or supplements, and activities

WHEN TO REFER?

Emergency
Concurrent angioedema or anaphylaxis

Urgent
Significantly affecting quality of life despite 4 antihistamines a day.

Routine
- Recurrent or persistent urticaria
- Previously seen by an Allergist/Immunologist and wishing review.
- Transitioning from Paediatrics to adult care.

BACK

VACCINE ALLERGIES

VACCINE ALLERGIES

Presentation
Histories of vaccination allergy requiring further clarification and or these medications are required

Initial GP Work Up
Patient to be referred by SAEFVIC or Monash Health Infectious Diseases service.

Management Options for GP
N/A

WHEN TO REFER?

Urgent
Requires urgent treatment for vaccination in question, this will be triaged by SAEFVIC adult referral service.

Routine
Requires urgent treatment for vaccination in question, this will be triaged by SAEFVIC adult referral service.

BACK