

Monash Health Referral Guidelines

Immunology and Allergy

EXCLUSIONS

Services not offered by Monash Health

- Patients under 13 age: refer to relevant [Monash Children's Specialty 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:

Prof. Stephen Holdsworth

Program Director:

Prof. William Sievert

Last updated:

25/08/2021

Monash Health Referral Guidelines

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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

General enquiries

Phone: 1300 342 273

Submit a referral by email

outpatient_enquiries@monashhealth.org

COVID Hotline

Phone : 1800 675 398 (24 hours) for
COVID immunisations only

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ALLERGIC RHINITIS

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WHEN TO REFER?

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](#)

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

The prescription of immunotherapy is not subsidised by Monash Health.

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ANAPHYLAXIS

ANAPHYLAXIS



WHEN TO REFER?

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.

Emergency

All anaphylaxis.

Urgent

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

Routine

Transitioning from Paediatric to adult care services.

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ANGIOEDEMA

ANGIOEDEMA



WHEN TO REFER?

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

Emergency

All airway compromising angioedema

Urgent

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

Routine

- History of recurrent angioedema
- Medication induced angioedema

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ASTHMA

ASTHMA



WHEN TO REFER?

Presentation

History of possible asthma

Initial GP Work Up

- Full Blood Count
- Serum IGE

Management Options for GP

Consider trial of inhaled corticosteroids

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.

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ECZEMA

ECZEMA

Presentation

Eczema/Dermatitis referred by Dermatology

Initial GP Work Up

Requires referral from Dermatology.

Management Options for GP

N/A

WHEN TO REFER?

Routine

Requires further investigation of potential allergens and consideration of immunotherapy.

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FOOD ALLERGY

FOOD ALLERGY

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.

WHEN TO REFER?

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.

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INSECT VENOM ALLERGY

JACK JUMPER ANT, BEE AND WASP ALLERGY

WHEN TO REFER?

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

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.

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MEDICATION ALLERGIES

MEDICATION ALLERGIES

WHEN TO REFER?

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

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.

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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

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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.

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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.

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