

THE ALFRED REFERRAL GUIDELINES: ASTHMA, ALLERGY AND CLINICAL IMMUNOLOGY

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Referral priority guide

<p>Immediate</p> <ul style="list-style-type: none"> • Acute anaphylaxis • Acute severe asthma 	<p>Contact the Allergy Registrar on 9076 2000 and/or send to the Alfred Emergency & Trauma Centre.</p> <ul style="list-style-type: none"> • Current symptoms of anaphylaxis should be directed to an ambulance immediately • Unstable asthma where the peak flow is less than 50% predicted should be sent immediately to the Alfred Emergency & Trauma Centre.
<p>Urgent</p> <ul style="list-style-type: none"> • Recent anaphylaxis • Anaphylaxis where no management plan exists • History of life-threatening asthma or hospital admission for asthma in the past year 	<p>Likely to receive an appointment within 1-6 weeks. Referrals are best faxed to 9076 2245. All referrals are reviewed on the day of receipt by a specialist nurse and triage arranged, please contact by phone to request more urgent appointment. The Allergy & Asthma service can be phoned on 9076 2934.</p>
<p>Soon</p> <ul style="list-style-type: none"> • 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 • Asthma education 	<p>Likely to receive an appointment within 4 to 12 weeks. Referrals are best faxed to 9076 2245. All referrals are reviewed on the day of receipt by a specialist nurse and triage arranged.</p>
<p>Intermediate</p> <ul style="list-style-type: none"> • 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 	<p>Likely to receive and appointment within 6-12 weeks. Referrals are best faxed to 9076 2245. All referrals are reviewed on the day of receipt by a specialist nurse and triage arranged.</p>
<p>Non-urgent</p> <ul style="list-style-type: none"> ▪ Assessment for Allergic rhinitis ▪ 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 underlying disease 	<p>Likely to receive and appointment within 6-12 weeks. Referrals are best faxed to 9076 2245. All referrals are reviewed on the day of receipt by a specialist nurse and triage arranged.</p>
<p>Not seen</p>	<p>Children under 16 years of age are not seen at The Alfred unless by special arrangement – phone 9076 2934.</p>

Please note: The current waiting list for a routine appointment is 8 weeks. More urgent appointments are seen sooner.

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Evaluation	Management	Referral Guidelines
Allergy		
Stinging insect		
Food allergy		
Latex allergy		
Drug allergy		
Careful history Document anaphylaxis, severity of symptoms and interval between exposure and reaction.	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 exactly what drugs they've had. Return to contents page
Skin testing		
	Avoid skin testing where the reaction to the suspected culprit is anaphylaxis	Return to contents page
Respiratory allergy		
History of rhinitis and/or asthma		Return to contents page
Anaphylaxis		
Identify causative agent from history if possible	<ul style="list-style-type: none"> • Make safe if possible: avoid likely causative agent. • Anaphylaxis Action plan and Epi-Pen 	Will expedite appointment if the triggering allergen is uncertain or difficult to avoid. Return to contents page
Epipens		
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. Return to contents page
Suspected immunological deficiency		
<ul style="list-style-type: none"> • Detection of sinusitis/bronchiectasis • Family history of immunodeficiency • Recurrent infections 	<ul style="list-style-type: none"> • Document frequency of infections • Document infective organisms if possible 	<ul style="list-style-type: none"> • 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. Return to contents page

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Evaluation	Management	Referral Guidelines
Asthma		
<ul style="list-style-type: none"> • Severity of symptoms • Previous hospitalisations • Oral Prednisolone use • Current medication <p>Patients to bring puffers to initial consultation</p>	<p>Avoid or control triggers</p>	<p>Specialist referral required if:</p> <ul style="list-style-type: none"> • 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 <p style="text-align: right;">Return to contents page</p>