

ASTHMA, ALLERGY AND CLINICAL IMMUNOLOGY
HOSPITAL REFERRAL & MANAGEMENT GUIDELINES

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THE ALFRED SPECIALIST CONSULTING CLINICS APPOINTMENT PRIORITY GUIDE

Asthma, Allergy and Clinical Immunology		New Appointment
<p>Priority Definitions:</p>	<p>Immediate -phone Allergy/Respiratory registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre</p> <p>1. Urgent -likely to receive an appointment within 1-2 weeks</p> <p>2. Soon -likely to receive an appointment within 2-6 weeks</p> <p>3. Intermediate & non-urgent -likely to receive an appointment within 6-12 weeks</p> <p>Referrals are best faxed to 9076 2245. All referrals are reviewed on the day of receipt by a specialist nurse and triage arranged. The Allergy & Asthma service can be phoned on 9076 2934.</p> <p>Please note: Urgent cases can be discussed with the Allergy/Respiratory registrar or consultant on call to obtain appropriate prioritisation and then a referral letter faxed to 9276 2245.</p>	
Priority	Criteria	Examples (not an exhaustive list)
<p>IMMEDIATE Contact Allergy/Respiratory registrar by phone (9276 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 	<ul style="list-style-type: none"> ▪ Acute anaphylaxis ▪ Acute severe asthma
<p>1. URGENT</p>	<ul style="list-style-type: none"> ▪ Recurrent anaphylaxis to an unidentified agent ▪ Initial episode of severe anaphylaxis ▪ Unstable asthma where the peak flow is less than 60% of predicted or previous best. 	<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>2. 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 	<ul style="list-style-type: none"> ▪ Formulation of an anaphylaxis management plan and Epi-Pen education ▪ Asthma Education
<p>3. 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 	<ul style="list-style-type: none"> ▪ Possible immunodeficiency with bronchiectasis or recurrent sinusitis.
<p>4. 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 	<ul style="list-style-type: none"> ▪ Anaesthetic allergy
<p>Note: The current waiting list for a routine appointment is 8 weeks. More urgent appointments are seen sooner.</p>		
<p>Not Seen: Children under 16 years of age are not seen at The Alfred unless by special arrangement – phone 9076 2934.</p>		

REFERRAL & MANAGEMENT GUIDELINES : ASTHMA, ALLERGY AND CLINICAL IMMUNOLOGY

DIAGNOSIS	EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
ALLERGY Stinging insect Food allergy Latex allergy Drug allergy Skin testing Respiratory allergy	Careful history Document anaphylaxis, severity of symptoms and interval between exposure and reaction. History of rhinitis and/or asthma	Skin or blood-specific IgE testing is performed at The Alfred. Avoid skin testing where the reaction to the suspected culprit is anaphylaxis	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.
ANAPHYLAXIS	Identify causative agent from history if possible	Make safe if possible: Anaphylaxis Action plan and Epi-Pen	Will expedite appointment if the triggering allergen is uncertain or difficult to avoid.
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 soon appointment. If a patient has had anaphylaxis and requires an epi-pen the GP can phone the Allergist on call to approve supply.
SUSPECTED IMMUNOLOGICAL DEFICIENCY	Detection of sinusitis/bronchiectasis Family history of immunodeficiency Recurrent infections	Document frequency of infections Document infective organisms if possible	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.
ASTHMA	<ul style="list-style-type: none"> • Severity of symptoms • Previous hospitalisations • Oral Prednisolone use • Current medication Patients to bring puffers to initial consultation	Avoid or control triggers See Appendix 1 - Stepwise approach to asthma treatment	Specialist referral required if: <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

APPENDIX 1.

Stepwise approach to asthma treatment (adapted from *Fast Facts: Asthma* by Stephen T Holgate and Jo Douglass.)

