EXCLUSIONS

The Paediatric Allergy Clinic is not currently accepting referrals for the following:

- Patients from 13 years old
- Allergic rhinitis
- Insect venom allergy
- Medication or vaccine allergy
- Acute or chronic urticaria
- Asthma not associated with allergic rhinitis or food allergy
- Eczema
- Lactose or fructose testing
- Food allergen screening if there is no clear history of allergic reaction.
- Family history of allergy, in a healthy patient who does not have an allergic condition.
- Eczema management unless referred by Dermatology
- Patch testing, metal allergy or anaesthetic allergy testing is not available.

CONDITIONS

Food Allergy
Food Allergy related anaphylaxis

PRIORITY

All referrals received are triaged by Monash Children’s Hospital 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: Paxton Loke
Program Director: Nick Freezer
Last updated: 5/01/2021
Monash Children’s Hospital
Referral Guidelines
PAEDIATRIC ALLERGY AND IMMUNOLOGY

**REFERRAL**

How to refer to Monash Children’s Hospital

**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

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**CONTACT US**

**Medical practitioners**
To discuss referrals, please contact Paediatric Allergy on (03) 8572 2268 or email paedsallergy@monashhealth.org

**General enquiries**
Phone: (03) 8572 3004 or (03) 8572 2268

**Submit a referral**
Fax referral form to Monash Children’s Hospital Specialist Consulting Services:
Fax: 8572 3007
Email: scmonashchildrens@monashhealth.org

**OR**
Refer via electronic referral using HealthLink. Details available at [https://monashchildrenshospital.org/for-health-professionals/gp-ereferrals/](https://monashchildrenshospital.org/for-health-professionals/gp-ereferrals/)

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**PLEASE NOTE THAT WE ARE UNABLE TO ACCEPT INDEFINITE REFERRALS FOR ALLERGY PATIENTS AT THIS TIME**

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**Head of unit:**
Paxton Loke

**Program Director:**
Nick Freezer

**Last updated:**
5/01/2021
**FOOD ALLERGIES**

**FOOD ALLERGY-RELATED ANAPHYLAXIS**

**Presentation**
History of allergic reaction occurring temporally after exposure to a food.

**Initial GP Work Up**
- 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 (e.g. EpiPen) has been prescribed.
- Educate on correct use of adrenaline auto-injector.
- Provide Anaphylaxis Action Plan.

**WHEN TO REFER?**

**Emergency**
- All anaphylaxis

**Urgent**
- All new cases of confirmed or suspected anaphylaxis

**Routine**
- Review of previously assessed anaphylaxis

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**FOOD ALLERGY**

**Presentation**
History of allergic reaction occurring temporally after exposure to a food.

**Initial GP Work Up**
- Detail history including:
  - quantity and form of food ingested.
  - time course from exposure to reaction.
  - reaction symptoms and signs, e.g. cutaneous, gastrointestinal, respiratory or cardiovascular.
  - duration of reaction and response to treatment.
- Ask patient to record exposures in the three hours prior to the episode, e.g. food (obtain list of ingredients).
- Assess for asthma.

**Management Options for GP**
- If clear evidence of anaphylaxis check that adrenaline auto-injector (e.g. EpiPen) has been prescribed and educate on its correct usage.
- Provide Anaphylaxis or Allergy Action Plan from ASCIA.
- Specific IgE testing may be performed for specific foods that are implicated in a reaction (do not order food mixes).
- Eczema management.

**WHEN TO REFER?**

**Urgent**
- All new cases of confirmed or suspected food anaphylaxis.
- Food allergy with poorly controlled asthma.
- Staple food allergy in an infant (< 1 year old).

**Routine**
- Mild to moderate non-anaphylactic reactions.
- Review of previously assessed anaphylaxis.