

# Monash Children's Hospital

## Referral Guidelines

### PAEDIATRIC ALLERGY AND IMMUNOLOGY

#### EXCLUSIONS

Services not offered by Monash Children's Hospital

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

## CONTACT US

### Medical practitioners

To discuss referrals, please contact  
Paediatric Allergy on (03) 8572 2268 or  
email [paedsallergy@monashhealth.org](mailto: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](mailto:scmonashchildrens@monashhealth.org)

### OR

Refer via electronic referral using  
HealthLink. Details available at  
<https://monashchildrenshospital.org/for-health-professionals/gp-ereferrals/>

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

Head of unit:  
Paxton Loke

Program Director:  
Nick Freezer

Last updated:  
5/01/2021

## FOOD ALLERGIES

### FOOD ALLERGY-RELATED ANAPHYLAXIS

### WHEN TO REFER?

#### Presentation

History of Anaphylaxis according to ASCIA guidelines

#### 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

#### Emergency

- All anaphylaxis

#### Urgent

- All new cases of confirmed or suspected anaphylaxis

#### Routine

- Review of previously assessed anaphylaxis

[BACK](#)

### FOOD ALLERGY

### WHEN TO REFER?

#### 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

#### 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