

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

Last updated:
November 2024

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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

CONTACT US

Medical practitioners

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

General enquiries

Phone: (03) 8572 3004 or (03) 8572 2268

Submit a referral

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



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