

Monash Health Referral Guidelines

Immunology and Allergy

Services not offered by Monash Health

- Patients under 13 age: refer to relevant [Monash Children's Specialty Guidelines](#)
- Delayed medication reactions should first be referred to Austin Health Medication Allergy service
- Allergic Rhinitis: please refer to a Private Allergist in the first instance. (click [Here](#) to find a specialist)
 - * Note GP's to refer only if there is a significant need
- Eczema management unless referred by Dermatology
- Patch testing: consider referral to [Dermatology](#)
- Metal allergy testing: consider referral to [Dermatology](#)
- Contrast media iodinated skin testing (no current plans to commence service), please consider referral to alternate service who offers testing.
- Lactose, fructose or food intolerance testing.
- Anaesthetic allergy testing: consider referral to [Anaesthetics](#) with ANZAAG form
- Iron infusion reactions: Currently there is no testing available for iron infusion due to skin staining and high false positive rates secondary to direct mast cell degranulation. If iron infusion is required in the future please call the haematology team. Serum tryptases are useful when assessing if this was a direct mast cell side effect of iron or indeed mast cell driven which may help future clinicians particularly if the evidence changes.

CONDITIONS

[Anaphylaxis](#)

[Angiodema](#)

[Asthma](#)

[Eczema](#)

[Food Allergy](#)

[Insect Venom Allergy \(Jack Jumper](#)

[Ant, Wasp and Bee\)](#)

[Medication Allergies](#)

[Primary Immunodeficiency](#)

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[Eosinophilic esophagitis](#)

PRIORITY

All referrals received are triaged by **Monash Health 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:
October 2024

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REFERRAL

How to refer to
Monash Health

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
Previous specialists documentation
relevant to Allergy/Immunology

Clinical:

Reason for referral
Duration of symptoms
Management to date and response to
treatment
Past medical history
Current medications and medication
history
Adverse medication, food,
environmental history
Functional status
Psychosocial history
Dietary status
Family history
Previous Allergy Testing performed

Please include discharge
summaries, ambulance
report as relevant.

Previous
Allergist/Immunologist
reviews.

Diagnostics as per referral guidelines

REFERRAL

How to refer to
Monash Health

Secure eReferral by HealthLink is now our preferred method of referral.

Find up-to-date information about how to send a referral to Monash Health on the [eReferrals page on our website](#).

CONTACT US

General enquiries

Phone: 1300 342 273

COVID Hotline

Phone : 1800 675 398 (24 hours) for
COVID immunisations only

ANAPHYLAXIS

ANAPHYLAXIS

WHEN TO REFER?

Presentation

History of Anaphylaxis

Initial GP Work Up

- Tryptase: after acute reaction (if available) and baseline taken 6 weeks post reaction.
- 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.
- If rash/angioedema is present please encourage the person to record photographs.

Please include discharge summaries, ambulance report, pre and post treatments and effect on objective observations.

For paediatric to adult transition please include previous specific IgE, challenges, skin tests and reports.

Management Options for GP

- Check if an adrenaline auto-injector has been prescribed
- Review action plan
- Currently we are unable to offer food challenges.

Emergency

All anaphylaxis.

Urgent

- Uncontrolled asthma
- Multiple presentations
- Unclear management plan
- Patient education required.

Routine

Transitioning from Paediatric to adult care services.

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ANGIOEDEMA

ANGIOEDEMA

Initial GP Work Up

- Tryptase
- Full Blood Count, Erythrocyte sedimentation rate, C-Reactive Protein
- C3,C4
- Consider full panel respiratory PCR

Management Options for GP

- Consider ceasing ACE inhibitor if patient is on one
- 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

WHEN TO REFER?

Emergency

All airway compromising angioedema

Urgent

- Uncontrolled asthma
- Multiple presentations
- Unclear management plan
- Patient education require

Routine

- History of recurrent angioedema
- Medication induced angioedema

ASTHMA

ASTHMA

Presentation

History of possible asthma

Initial GP Work Up

- Full Blood Count
- Total Serum IGE

Please include discharge summaries, ambulance report as relevant.

Management Options for GP

Consider trial of inhaled corticosteroids

WHEN TO REFER?

Emergency

Has a life threatening asthma exacerbation.

Urgent

Patient has required more than two bursts of oral corticosteroids in 1 year or has required hospitalisation.

Routine

- Management of asthma, including consideration of immune modifying medications, to achieve control
- Signs and symptoms are atypical
- Additional diagnostic testing is indicated
- Patient requires additional education and guidance on therapy, adherence and allergy avoidance.

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ECZEMA

ECZEMA

Presentation

Eczema/Dermatitis referred by Dermatology, referrals from non Dermatologist will not be accepted.

NB Allergy/Immunology does not review "rashes" unspecified this is seen by Dermatology services.

Initial GP Work Up

Requires referral from Dermatology.

Management Options for GP

N/A

WHEN TO REFER?

Routine

Requires further investigation of potential allergens and consideration of immunotherapy.

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FOOD ALLERGY

FOOD ALLERGY

WHEN TO REFER?

Presentation

Histories of food allergy requiring further clarification

NB referrals for eosinophilic oesophagitis will be accepted only from a treating Gastroenterologist due to the need for a MDT management process in this condition.

Allergy/Immunology does not review food intolerances.

Initial GP Work Up

Consider other diagnosis such as irritable bowel syndrome, eosinophilic oesophagitis, lactose and fructose intolerance.

Please include discharge summaries, ambulance report as relevant.

Please include observations pre and post acute treatment. For paediatric to adult transition please include specific IgE, challenges, skin tests and reports.

Management Options for GP

- Consider referral to gastroenterologist for intolerance symptoms
- We are unable to offer food challenges.

Emergency

History suggestive of angioedema or anaphylaxis

Urgent

- Uncontrolled asthma
- Multiple presentations
- Unclear management plan
- Patient education required.

Routine

- Requires consideration of further investigation or testing.
- We will not offer skin prick testing routinely unless after seeing the Allergist it is deemed necessary.

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INSECT VENOM ALLERGY

JACK JUMPER ANT, BEE AND WASP ALLERGY

WHEN TO REFER?

Presentation

History of anaphylaxis to Jack Jumper Ant, Bee or Wasp

Initial GP Work Up

Pathology below must be included with referral to be accepted.

- RAST (specific IgE) to Jack Jumper Ant, Bee or Wasp with measured value in kU/L
- Serum IgE
- Tryptase: after acute reaction (if available) and baseline
- Full Blood Count

Please include discharge summaries, ambulance report as relevant.

Management Options for GP

Check if an adrenaline auto-injector has been prescribed
Review action plan.

Emergency

All anaphylaxis.

Urgent

Post discharge or post first episode of anaphylaxis.

Routine

- Transitioning from Paediatric to adult care services.
- Previously seen by an Allergist/Immunologist and now wishes to consider immunotherapy.

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MEDICATION ALLERGIES

MEDICATION ALLERGIES



WHEN TO REFER?

Presentation

Histories of medication allergy requiring further clarification and or these medications are required

We do not see Anaesthetic Allergy. Referrals for Anaesthetic allergies should be directed to [Anaesthetics](#).

Initial GP Work Up

- Tryptase baseline
- Serum IgE
- Full Blood Count
- Clear documented history of previous medications taken and dates.
- Clear documentation of reaction including hospital notes if hospitalisation required if not at Monash Health.

Please include discharge summaries, ambulance report as relevant.

Management Options for GP

N/A

Emergency

Anaphylaxis to medicine

Urgent

- Multiple medication allergies requiring clarification
- Requires urgent treatment for medication in question, preferably has been seen by Specialist in area medication required to ensure no other options are available.

Routine

When medications are required, however there is lack of clarity regarding potential allergy.

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PRIMARY IMMUNODEFICIENCY



PRIMARY IMMUNODEFICIENCY

Presentation

History of severe / recurrent infections, unusual infections or multiple autoimmune manifestations suggestive of immune dysregulation

Initial GP Work Up

- Immunoglobulins (IgG, IgA, IgM, IgG)
- Lymphocyte subsets
- Full blood count please include historical tests.
- Please include copies of any previous imaging of sinuses, chest.
- Please include pathology results of previous cultures.
- Please include relevant discharge summaries from hospital admissions.

Management Options for GP

- Discuss as required with on-call immunologist.
- Refer.

Urgent

- More than two episodes of pneumonia in 12 months.
- Recurrent severe infections
- Agammaglobulinaemia

Routine

- Recurrent sinopulmonary infections
- Unusual infections
- Concern regarding possible immune dysregulation
- Concern regarding family history
- On intravenous immunoglobulin therapy, for consideration of transfer to subcutaneous replacement

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URTICARIA

URTICARIA

WHEN TO REFER?

Presentation

Recurrent persistent urticaria

Initial GP Work Up

- Tryptase
- Full Blood Count, ESR, CRP
- Full panel respiratory PCR should be considered in acute urticarial.

Management Options for GP

- Consider increasing non-sedating oral antihistamine up to 4 times a day
- If needed a second agent can be added such as nizatadine 300mg.
- If daily severe urticaria please advise patient not to withhold antihistamines on the days prior to review as blood tests can be offered or skin prick testing can be co-ordinated.
- 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

Emergency

Concurrent angioedema or anaphylaxis

Urgent

Significantly affecting quality of life despite 4 antihistamines a day.

Routine

- Recurrent or persistent urticaria
- Previously seen by an Allergist/Immunologist and wishing review.
- Transitioning from Paediatrics to adult care.

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VACCINE ALLERGIES

VACCINE ALLERGIES

WHEN TO REFER?

Presentation

If adverse reaction to a vaccine has occurred a SAEFVIC report must be made. The number of the report must be included with the referral.

Referrals should be directed in the first instance to **Monash Immunisation** who will direct referral to the correct team (i.e. Allergy/Immunology, Cardiology, infectious diseases etc.)

Please include the history of adverse reaction

Initial GP Work Up

Patient to be referred by SAEFVIC or Monash Health Infectious Diseases service.

Management Options for GP

N/A

Urgent

Requires urgent treatment for vaccination in question, this will be triaged by SAEFVIC adult referral service.

Please include SAEFVIC number with referral.

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Eosinophilic Oesphagitis

Eosinophilic Oesphagitis



WHEN TO REFER?

Presentation

Confirmed diagnosis of Eosinophilic Oesphagitis

Initial GP Work Up

- Refer to Gastroenterologist
- Referrals accepted only from Gastroenterologist due to MDT management nature of this condition.

Management Options for GP

- Please refer to Gastroenterologist with specialist interest in this area.

Emergency

Unable to eat and significant weight loss

Urgent

Recurrent stricturing and failure of routine therapy.

Severe concomitant asthma/dermatitis

Routine

Biopsy results from endoscopy (histopath and eosinophil counts)

SERum eosinophil levels

Lung function if previously performed and previous allergy testing if occurred if atopic.

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