Health Services Programs
Outpatient Redesign Project

Allergy & Immunology (adult)
Clinical Prioritisation Criteria (CPC)
Outpatient Referral Criteria

Allergy and Immunology - Adult Clinical Prioritisation Criteria

Contents

Allergy and Immunology - Adult Clinical Prioritisation Criteria

Summary

This document contains the Clinical Prioritisation Criteria (CPC) for most frequently referred Allergy & Immunology (adult) conditions.

Allergy & Immunology (adult) conditions

Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the exclusions section.

- Allergic Rhinoconjunctivitis (hayfever)
- Anaphylaxis
- Angioedema & Urticaria
- Asthma
- atopic Eczema
- Autoinflammatory Disease
- Chronic Rhinosinusitis
- Food Allergy
- Insect Venom Allergy
- Medication Allergy
- Suspected Primary Immunodeficiency (PID)/Inborn Error of Immunity (IEI)
- Systemic Vasculitis/Immune Mediated Inflammatory Disease

Out of scope

Not all medical conditions are covered by the CPC, as certain conditions may be considered out of scope or managed by other specialist services:

- General anaesthetic allergy testing (consider referral to Anaesthetics)
- Contact dermatitis or metal allergy testing (consider referral to Dermatology)
- Chronic cough (consider referral to Respiratory)
- Atopic eczema if mild or moderate and the sole problem (refer to Dermatology)

Exclusions for public specialist outpatient services

Not all Allergy and Immunology (adult) conditions are appropriate for referral into the South Australian public health system. The following are not routinely provided in a public specialist outpatient service:

- Irritable bowel syndrome (IBS)/suspected food intolerance (except on referral or recommendation from gastroenterologist)
- Large local reactions to insect stings without anaphylaxis
- Chronic fatigue syndrome/multiple chemical sensitivity/fibromyalgia (except where there is a good reason to suspect allergy, autoimmunity or immunodeficiency)
- Acute or chronic urticaria which has remitted (unless allergic cause suspected)
- Known or suspected human immunodeficiency virus (HIV)
- Isolated pruritis
- Elevated antinuclear antibody (ANA) in absence of clinically relevant problem

Emergency information

See the individual condition pages for more specific emergency information.

Feedback

We welcome your feedback on the Clinical Prioritisation Criteria and website, please email us any suggestions for improvement at Health.CPC@sa.gov.au.

Review

The Allergy & Immunology (adult) CPC is due for review in Month, 20XX.

Evidence statement

See Allergy & Immunology (adult) evidence statement (evidence statement to be linked here).

This document is for consultation only.

Allergy and Immunology - Adult Clinical Prioritisation Criteria

Allergic Rhinoconjunctivitis (hayfever)

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- nil

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage categories

Inclusions

- persistent allergic rhinoconjunctivitis for more than 2 years, with inadequate response to standard management, in patients who may be candidates for allergen immunotherapy and who are unable to access private immunologist/allergist

Exclusions

- patients under 17 years old
- patients being treated for same condition at other hospital
- patients with adequate response to standard management, without severe symptoms or complex respiratory allergic disease

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- nil

Category 2 (appointment clinically indicated within 90 days)

- nil

Category 3 (appointment clinically indicated within 365 days)

- persistent allergic rhinoconjunctivitis for more than 2 years, with inadequate response to standard management (see ‘clinical management advice and resources’), in patients who may be candidates for allergen immunotherapy and who are unable to access private immunologist/allergist

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf.
- interpreter requirements
- duration, impact, and seasonality of symptoms
- potential environmental triggers

- response to trial of standard management (see 'clinical management advice and resources')
- medical history, including presence of asthma or sinusitis

Additional information to assist triage categorisation

- specific IgE to suspected aero allergens (see SA Pathology Allergy Testing Guidelines)
- in patients with perennial symptoms, computed tomography (CT) scan of sinus

Clinical management advice and resources

Clinical management advice

- standard management of allergic rhinoconjunctivitis (hayfever) includes
  - allergen avoidance
  - intranasal corticosteroid spray – use regularly once or twice daily throughout season or all year
  - non-sedating antihistamines – may use double dose if needed
  - saline nasal spray or irrigation
  - antihistamine nasal spray, eyedrops
- standard management should be trialled for at least 6 weeks

Clinical resources

- ASCIA – Information for Health professionals: Allergic Rhinitis (Hayfever), Asthma and Sinusitis

Consumer resources

- ASCIA – Patient Information: Allergic Rhinitis (hayfever) and Sinusitis
- ASCIA – Patient Information: Allergen Minimisation

Key words

Hayfever, allergic rhinitis, conjunctivitis, rhinoconjunctivitis, pollen, house dust mite

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Anaphylaxis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- acute anaphylaxis:
  - difficult/noisy breathing
  - swelling of tongue
  - swelling/tightness in throat
  - difficulty talking and/or hoarse voice, wheeze, or persistent cough
  - persistent dizziness or collapse
  - persistent abdominal pain, vomiting after insect sting
- adrenaline has been administered

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network
- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network
- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage categories

Exclusions
- patients under 17 years old
- patients being treated for same condition at other hospital

Triage categories

Category 1 (appointment clinically indicated within 30 days)
- anaphylaxis of unknown cause
- anaphylaxis requiring adrenaline injector authorisation
- anaphylaxis to insect sting (see Insect Venom Allergy CPC)

Category 2 (appointment clinically indicated within 90 days)
- anaphylaxis in patient who has an adrenaline injector
- anaphylaxis of known cause to avoidable allergen

Category 3 (appointment clinically indicated within 365 days)
- review of previous anaphylaxis for update of management plan

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.
- identifies as Aboriginal and/or Torres Strait Islander
- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf.
- interpreter requirements
- symptoms, indicators of severity (hypotension, collapse, adrenaline required, hospitalisation) and interval between exposure and reaction
- suspected trigger (food, drug, venom, unknown)

- current comorbidities and medications
- confirm if adrenaline injector prescribed in conjunction with Anaphylaxis Action Plan (see 'clinical resources')

Additional information to assist triage categorisation

- recurrence
- ability to avoid suspected trigger
- for insect stings – specific IgE for culprit insect (honeybee, common wasp, paper wasp, jumper ant)
- serum tryptase taken between 30 minutes and 6 hours after onset of anaphylaxis, baseline mast cell tryptase 24 hours after recovery
- for medication allergy, please refer to Medication Allergy CPC

Clinical management advice and resources

Clinical management advice

If acute anaphylaxis is present or suspected, see 'referral to emergency.' Otherwise -

- phone relevant LHN/on-call Allergy/Clinical Immunology Registrar/Consultant to consider eligibility for subsidised Pharmaceutical Benefits Scheme (PBS) authority for initial adrenaline injector (see 'contacts for clinical advice')
    - please note adrenaline injector usually not indicated for drug allergy
- create Anaphylaxis Action Plan (see 'clinical resources')
- ensure any asthma is well controlled
- educate on strict avoidance of suspected allergen
- provide psychological support – alleviate alarm, assist in communication as required
- consider medical alert bracelet
- ensure allergy alert is in place within relevant patient records

Clinical resources

- HealthPathways – Anaphylaxis (log in required)
- ASCIA – Anaphylaxis Resources

Consumer resources

- ASCIA – Allergy and Anaphylaxis
- Allergy & Anaphylaxis Australia
    - What is Anaphylaxis?
    - Emergency Management: Anaphylaxis – Webinar

Key words

Bee sting, adrenaline

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Angioedema & Urticaria

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- angioedema affecting oropharyngeal or laryngeal area with potential airway compromise

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage categories

Exclusions

- patients under 17 years old
- patients being treated for same condition at other hospital.
- acute or chronic urticaria which has remitted (if urticaria remits while patient is on the waiting list, the appointment can be cancelled)

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- angioedema with low complement component 4 (C4) or family history of hereditary angioedema
- urticarial vasculitis or urticaria associated with systemic inflammatory disease
- severe chronic urticaria with or without angioedema, not responding to antihistamine, requiring oral corticosteroid for relief

Category 2 (appointment clinically indicated within 90 days)

- recurrent angioedema
- urticaria >6 weeks duration not responding to antihistamine

Category 3 (appointment clinically indicated within 365 days)

- chronic urticaria responding to antihistamines

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf.
- interpreter requirement
- for angioedema
    - frequency, severity and site of swelling, airway involvement
    - family history of angioedema
    - angiotensin-converting enzyme (ACE) inhibitor usage
    - history of lymphoproliferative disorder
    - possible allergic precipitants (drug/food/venoms)

  - C4 level

- for urticaria
  - duration
  - response to antihistamines, any other treatments
  - coexistence of angioedema

Clinical management advice and resources

Clinical management advice

- for angioedema
  - cease ACE-inhibitors
  - for recurrent angioedema, consider commencing regular prophylactic non-sedating antihistamine
- for urticaria
  - trial the following for 2 weeks
    - non-sedating antihistamines (can use up to 4x standard dose)
    - add H2 antihistamines (nizatidine or famotidine)
    - montelukast
    - prednisolone use should be restricted to very severe exacerbation and limited to 3-7 days
  - urgency category is dependent on response to treatment measures recommended above
  - urticaria may remit, and in this case, referral/appointment can be cancelled

Clinical resources

- ASCIA – Resources for Health Professionals/Position Papers/Guidelines: ASCIA Hereditary Angioedema (HAE) Position Paper and Management Plan
- ASCIA – Chronic Spontaneous Urticaria (CSU) Position Paper and Treatment Guidelines
- Australian Family Physician (RACGP) – Evaluation, diagnosis and management of chronic urticaria
- Royal Adelaide Hospital Fact Sheet – Information for Referrers: Chronic Urticaria

Consumer resources

- ASCIA – Information for patients, consumers, and carers: Angioedema
- ASCIA – Patient Information: Chronic Spontaneous Urticaria (CSU) FAQ

Key words

Itch, swelling, hives, airway

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Asthma

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- acute severe asthma

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network
- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network
- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage categories

Inclusions
- patients not responding to standard treatment
- referral from respiratory physician
- patients with aspirin/non-steroidal anti-inflammatory drug (NSAID) sensitive asthma
- allergic cause suspected
- suspected complex respiratory disease or vasculitis/eosinophilic granulomatosis with polyangiitis (EGPA)

Exclusions
- patients under 17 years old
- patients being treated for same condition at other hospital

Triage categories

Category 1 (appointment clinically indicated within 30 days)
- suspected vasculitis/ eosinophilic granulomatosis with polyangiitis (EGPA)

Category 2 (appointment clinically indicated within 90 days)
- poorly controlled asthma with suspected allergic cause

Category 3 (appointment clinically indicated within 365 days)
- patients not responding to standard management
- patients with aspirin/non-steroidal anti-inflammatory drug (NSAID) sensitive asthma
- allergic cause suspected

Referral Information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.
- identifies as Aboriginal and/or Torres Strait Islander
- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf.
- interpreter requirements
- severity of attacks, symptoms
  - requirement for hospitalisation
- medications trialled and response to those

- likely allergic triggers – aero allergens, aspirin/non-steroidal anti-inflammatory drugs (NSAID)
- associated rhinitis or rhinosinusitis or polyposis

Additional information to assist triage categorisation

- previous pulmonary function test results
- blood test results
    - allergen specific IgE, total IgE
    - eosinophil count
    - anti-neutrophil cytoplasm antibodies (ANCA)

Clinical management advice and resources

Clinical management advice

- please refer to Respiratory CPC

Clinical resources

- Asthma Australia – Asthma and Allergic Rhinitis: An Information Sheet For General Practitioners

Consumer resources

- ASCIA – information for patients, consumers and carers: Asthma and Allergy
- Allergy & Anaphylaxis Australia – Allergic Asthma

Key words

Asthma, allergy, wheeze

Atopic Eczema

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- infected eczema with sepsis

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage categories

Inclusions

- referral from dermatologist
- atopic eczema with suspected allergic cause (food or environmental allergens)
- atopic eczema with associated food allergy or suspected immunodeficiency

Exclusions

- patients under 17 years old
- patients being treated for same condition at other hospital
- contact dermatitis (refer to Dermatology)
- isolated pruritis without rash
- atopic eczema without trialed medical management

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- nil

Category 2 (appointment clinically indicated within 90 days)

- atopic eczema with associated food allergy or suspected immunodeficiency

Category 3 (appointment clinically indicated within 365 days)

- atopic eczema with suspected allergic cause (food or environmental allergens)

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf.
- interpreter requirements
- response to standard therapy (frequent emollients and topical corticosteroids), list names of trialled/current topical medications, systemic medications
- medical history (including any other allergies such as allergic rhinitis, asthma and or suspected or confirmed food allergies or immunodeficiency)

- duration and severity of symptoms

Additional information to assist triage categorisation

- effects on day-to-day living
- details of previous dermatology consultations
- IgE for food/environmental allergens
- full blood count (FBC)
- immunoglobulins for immunodeficiency
- total IgE

Clinical management advice and resources

Clinical resources

- ASCIA Action Plan for Eczema
- ASCIA Stepwise Management Plan for Eczema
- New Zealand Dermatological Society – DermNet

Consumer resources

- Eczema Association Australia (EAA)
- Australian Society of Clinical Immunology and Allergy (ASCIA) – Allergy and the Skin

Key words

Atopic, eczema, itch, dermatitis, rash, allergy

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Autoinflammatory Disease

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- fever, weight loss, very high inflammatory markers (CRP >50mg/L) with evidence of major organ involvement e.g. acute renal injury, cerebrovascular compromise

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage categories

Inclusions

- recurrent episodic fever, rash, arthritis, abdominal pain, constitutional symptoms in absence of infective/lymphoproliferative cause
- family member with a confirmed autoinflammatory condition
- unexplained fever and inflammation in an older person (VEXAS syndrome)
- familial cold autoinflammatory syndrome (FCAS)/cryopyrin associated periodic syndrome (CAPS)

Exclusions

- patients under 17 years old

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- recurrent or persistent unexplained fever and inflammation in an older person (VEXAS)
- known familial cold autoinflammatory syndrome (FCAS)/cryopyrin associated periodic syndrome (CAPS)
- recurrent episodic fever, rash, arthritis, abdominal pain, constitutional symptoms in absence of infective/lymphoproliferative cause
- family member with a confirmed autoinflammatory condition where the patient is symptomatic and treatment-naive

Category 2 (appointment clinically indicated within 90 days)

- patient with family member with confirmed autoinflammatory disease and patient is asymptomatic

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander

- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf.
- interpreter requirements
- symptom profile and duration, including:
    - fever or weight loss
    - rash – nature and pattern
    - triggers e.g. cold exposure
    - any major organ systems involved
- C-reactive protein (CRP)
- erythrocyte sedimentation rate (ESR)
- C3, C4
- full blood count (FBC)
- antinuclear antibody (ANA), rheumatoid factor (RF)
- immunoglobulins: IgG, IgA, IgM, IgG4
- angiotensin-converting enzyme (ACE) level

Additional information to assist triage categorisation

- treatment or specialist review to date
- urinalysis (spun sediment for red cell casts)

Clinical management advice and resources

Clinical management advice

- symptomatic treatment with non-steroidal anti-inflammatory drugs (NSAIDs) or systemic corticosteroids
- if suspected autoinflammatory disease refer to immunology, if systemic autoimmune disease refer to Rheumatology

Clinical resources

- DermNet – Autoinflammatory syndromes
- WedMD – Familial Cold Autoinflammatory Syndrome (FCAS)

Consumer resources

- The International Society of Systemic Auto-Inflammatory Diseases - Resources for patients

Key words

Fever, periodic, rash, febrile illness, VEXAS syndrome, inflammation, autoinflammatory, FCAS, CAPS

Chronic Rhinosinusitis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- acute bacterial rhinosinusitis with visual disturbance/signs, neurological signs/frontal swelling/severe unilateral or bilateral headache
- orbital complications from sinusitis

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage categories

Inclusions

- chronic rhinosinusitis with associated suspected allergic rhinitis
- chronic rhinosinusitis with aspirin/non-steroidal anti-inflammatory drug (NSAID) sensitivity with or without asthma
- chronic rhinosinusitis with suspected multi-system disease, vasculitis/eosinophilic granulomatosis with polyangiitis (EGPA)
- chronic rhinosinusitis for trial of medical therapy
- allergic fungal sinusitis
- referral from ear, nose and throat (ENT) or respiratory physician

Exclusions

- patients under 17 years old.
- patients being treated for same condition at other hospital

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- chronic rhinosinusitis with suspected vasculitis/eosinophilic granulomatosis with polyangiitis (EGPA)

Category 2 (appointment clinically indicated within 90 days)

- severe or debilitating chronic rhinosinusitis for trial of medical therapy
- allergic fungal sinusitis

Category 3 (appointment clinically indicated within 365 days)

- chronic rhinosinusitis with associated suspected allergic rhinitis
- chronic rhinosinusitis with aspirin/non-steroidal anti-inflammatory drug (NSAID) sensitivity with or without asthma
- chronic rhinosinusitis for trial of medical therapy

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- duration and severity of symptoms
- previous treatments trialled (intranasal corticosteroids, previous surgery)
- details of previous ear, nose and throat (ENT) or respiratory consultations
- computed tomography (CT) scan of sinuses
- suspected allergic triggers e.g. aeroallergens, aspirin/non-steroidal anti-inflammatory drug (NSAID)

Additional information to assist triage categorisation

- impact of symptoms on daily life
- effect on sense of smell
- frequency of antibiotic courses
- blood test results
    - allergen-specific IgE, total IgE
    - eosinophil count
    - anti-neutrophil cytoplasm antibodies (ANCA)

Clinical management advice and resources

Clinical resources

- ASCIA – Sinusitis and Allergy Frequently Asked Questions
- ASCIA Position Paper – Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)
- Australian Family Physician – Sinusitis
- UpToDate - Chronic rhinosinusitis: Clinical manifestations, pathophysiology, and diagnosis

Consumer resources

- UpToDate - Patient education: Chronic rhinosinusitis (Beyond the Basics)

Key words

Rhinosinusitis, fungal, polyps, polyposis, sinusitis

Food Allergy

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- acute anaphylaxis after food ingestion
    - difficult/noisy breathing
    - swelling of tongue
    - swelling/tightness in throat
    - difficulty talking and/or hoarse voice, wheeze, or persistent cough
    - persistent dizziness or collapse
- adrenaline has been administered

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage criteria

Exclusions

- patients under 17 years old
- patients being treated for same condition at other hospital
- food intolerance

Clinical urgency category

Category 1 (appointment clinically indicated within 30 days)

- food-induced anaphylaxis where culprit food has not been identified
- food-induced anaphylaxis where patient does not have adrenaline autoinjector

Category 2 (appointment clinically indicated within 90 days)

- food allergy with immediate reaction but not anaphylaxis
- multiple food allergies for clarification
- food avoidance with nutritional consequences

Category 3 (appointment clinically indicated within 365 days)

- concerns regarding food allergy cross-reactivity for clarification
- suspected allergy with food avoidance
- suspected food exacerbation of asthma or urticaria

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf.
- interpreter requirements
- symptoms, severity and timing of food-related reactions

- specific foods suspected of causing reactions
- other allergic disorders including asthma or eczema
- food avoidance behaviour/s
- if patient has an adrenaline autoinjector
- results of any prior allergy testing including specific IgE

Clinical management advice and resources

Clinical resources

- CALHN Immunology & Allergy Unit - Information For Referrers: Food-Related Gastrointestinal Symptoms
- ASCIA – Food Allergy (Health Professional Information)

Consumer resources

- ASCIA – Food Allergy
- Allergy & Anaphylaxis Australia – Food Allergy

Key words

Food allergy, anaphylaxis

Insect Venom Allergy

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- acute anaphylaxis:
  - difficult/noisy breathing
  - swelling of tongue
  - swelling/tightness in throat
  - difficulty talking and/or hoarse voice, wheeze, or persistent cough
  - persistent dizziness or collapse
  - persistent abdominal pain, vomiting after insect sting
- adrenaline has been administered
- large local reactions with swelling threatening the airway

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network
- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network
- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage categories

Exclusions
- patients under 17 years old
- patients being treated for same condition at other hospital
- local reactions without any systemic features

Triage categories

Category 1 (appointment clinically indicated within 30 days)
- insect venom anaphylaxis in patient who does not have an adrenaline injector

Category 2 (appointment clinically indicated within 90 days)
- insect venom anaphylaxis in patient who does have an adrenaline injector, for consideration of immunotherapy

Category 3 (appointment clinically indicated within 365 days)
- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.
- identifies as Aboriginal and/or Torres Strait Islander
- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- description of severity of anaphylaxis
- hospital observations if available
- if patient has had adrenaline injector and/or anaphylaxis action plan supplied

- type of insect - bee, wasp or hopper ant
- comorbidities
- medications

Additional information to assist triage categorisation

- serum tryptase level during or shortly after reaction
- baseline tryptase level, total IgE and sIgE (previously known as RAST) to venom causing reaction
- likelihood of further exposure e.g. apiarist; distance to medical facilities

Clinical management advice and resources

Clinical management advice

- if specialist authorisation for adrenaline injector is required, please contact the relevant LHN (see 'contacts for clinical advice')

Clinical resources

- ASCIA – Venom Allergy

Consumer resources

- CALHN information for referrers – Large local reactions to insect stings
- ASCIA – Allergic Reactions to Bites and Stings
- ASCIA – Insect and Tick Allergy (Bites and Stings)
- Allergy & Anaphylaxis Australia – Insect Bites and Stings

Key words

Insect, sting, venom, allergy, anaphylaxis, bee, wasp, hopper ant, ant

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Medication allergy

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- acute anaphylaxis:
  - difficult/noisy breathing
  - swelling of tongue
  - swelling/tightness in throat
  - difficulty talking and/or hoarse voice, wheeze, or persistent cough
  - persistent dizziness or collapse
  - persistent abdominal pain, vomiting after insect sting
- adrenaline has been administered
- severe rash with blistering or mucosal ulceration, or accompanied by fever or liver or kidney injury

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage categories

Exclusions

- patients under 17 years old
- patients being treated for same condition at other hospital
- non-allergic (not immune mediated) drug reactions
- drug intolerance or side-effects

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- allergy to urgently required drug with no alternative, for consideration of desensitisation
- distant or mild penicillin/cephalosporin allergy label but urgent need for antibiotics/frequent antibiotic needs

Category 2 (appointment clinically indicated within 90 days)

- allergy to multiple different drugs with restricted choices
- antibiotic allergy where the patient is subject to frequent infections, or with immunodeficiency
- severe allergic reaction with multiple drug culprits, for determination of likely cause

Category 3 (appointment clinically indicated within 365 days)

- distant or mild penicillin/cephalosporin allergy label but NO urgent need for antibiotics

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander

- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf.
- interpreter requirements
- history of drug(s) ingested and dose(s), including drug brand name
- documented symptoms and severity, as well as interval between exposure and reaction
- medication list at time of event, including over the counter, illicit and homeopathic drugs
- comorbidities including immunodeficiency
- any known prior drug allergies
- reason for prescribed drug use, and likelihood that it or related drugs will be required again.
- if suspecting anaphylaxis: ideally order Tryptase within 3 hours of reaction, as well as a follow up tryptase at least 24 hours after the event
- if suspecting penicillin/cephalosporin allergy: order specific IgE to Amoxicilloyl, Penicilloyl V, Penicilloyl G and Cefaclor
- if isolated angioedema, order complement component 4 (C4) level

Clinical management advice and resources

Clinical management advice

- cease suspected drug, use alternative if possible
- consider medical alert bracelet for life-threatening reactions

Clinical resources

- ASCIA – Information for Health Professionals: Drug (Medication) Allergy
- Medical Journal of Australia Practice Essentials- Allergy, Drug Hypersensitivity
- ASCIA - Consensus Statement for Assessment of Suspected Allergy to Cephalosporin Antibiotics
- ASCIA Consensus Statement for the assessment of patients with suspected penicillin allergy

Consumer resources

- ASCIA – Patient information: Drug (medication) allergy
- MedicAlert Foundation

Key words

Medication, allergy, drug, antibiotic, desensitisation

Suspected Primary Immunodeficiency (PID)/Inborn Error of Immunity (IEI)

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- severe acute infection

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage criteria

Exclusions

- patients under 17 years old
- secondary immunodeficiency due to haematological disorder, immunosuppressive medication (refer back to specialist, Immunology may see if referred by specialist)
- immunodeficiency secondary to human immunodeficiency virus (HIV) infection

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- suspected immunodeficiency with frequent severe infections
- very low immunoglobulin levels/hypogammaglobulinemia (IgG <2g/L)
- severe atypical or opportunistic infections

Category 2 (appointment clinically indicated within 90 days)

- suspected immunodeficiency without frequent severe infections
- low immunoglobulin levels
- atypical or opportunistic infections
- secondary immunodeficiency on referral from haematology, oncology or other specialist service

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf.
- interpreter requirements
- history of infections demonstrating 1 or more of the following:
    - 4-6 sinopulmonary infections/year requiring antibiotics
    - sinopulmonary infections with a prolonged duration requiring multiple courses of oral

  - antibiotics or intravenous antibiotics
  - chronic suppurative lung disease/bronchiectasis, unknown cause
  - recurrent meningitis
  - recurrent and severe infections with environmental mycobacteria and usually harmless viral or opportunistic pathogens
  - recurrent internal organ abscesses (e.g. lung, liver)
  - persistent extensive oral/oesophageal thrush or cutaneous fungal infection
  - recurrent deep-seated infections including septicaemia in the absence of an alternative cause
- onset, duration, location, types of infectious organisms
- severity of infections, treatment trialled and response
- family history of immunodeficiency and autoimmunity
- current management
- full blood count (with differential)
- immunoglobulins: IgG, IgA, IgM and IgE
- chest x-ray or computed tomography (CT) (if history of recurrent chest infections or bronchiectasis)
- lymphocyte subsets
- vaccination history

Clinical management advice and resources

Clinical management advice

- treat infections in the usual manner;
- isolate the causative organism, if possible – culture, microscopy PCR etc.
- hold live attenuated viral vaccinations (including rotavirus, measles-mumps-rubella (MMR) and varicella) pending specialist assessment

Clinical resources

- ASCIA – Resources for Health professionals (Position Papers/Guidelines): Immunodeficiency
- Immune Deficiencies Foundation Australia (IDFA)

Consumer resources

- AusPIPS
- ASCIA - Information for patients, consumers, and carers: Primary Immunodeficiency (Inborn Errors of Immunity)
- Immune Deficiencies Foundation Australia (IDFA) - Publications.

Key words

immunodeficiency, immunity, infection, CVID, low immunoglobulin

Systemic Vasculitis/Immune Mediated Inflammatory Disease

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- pulmonary vasculitis with respiratory compromise, haemoptysis
- acute systemic vasculitis
- fever, weight loss, very high inflammatory markers (C-reactive protein >50mg/L)
- vascular occlusion leading to ischaemia of limbs or organs in the presence of systemic inflammation
- acute onset neuropathy (mononeuritis)

Contacts for clinical advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Inclusions, exclusions and triage categories

Inclusions

- GPA (granulomatosis with polyangiitis)
- EGPA (eosinophilic granulomatosis with polyangiitis)
- microscopic polyangiitis
- polymyositis, dermatomyositis
- IgG4 related disease

Exclusions

- patients under 17 years old
- patients being treated for same condition at other hospital
- predominant renal disease (refer to Nephrology)
- cutaneous vasculitis (refer to Dermatology)

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- acute systemic vasculitis
- fever, weight loss, very high inflammatory markers (C-reactive protein >50mg/L)
- pulmonary vasculitis with respiratory compromise, haemoptysis
- myositis with new dysphagia
- diagnostic dilemmas with suspected vasculitis or myositis

Category 2 (appointment clinically indicated within 90 days)

- new immune mediated inflammatory disease already started on immunosuppression

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Allergy and Immunology - Adult Clinical Prioritisation Criteria

Essential referral information
Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- relevant social history, including identifying if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- symptom profile and duration, including:
    - fever or weight loss
    - any major organ systems involved (see 'referral to emergency')
    - treatment or specialist review to date
- C-reactive protein (CRP)
- erythrocyte sedimentation rate (ESR)
- electrolytes, urea and creatinine (EUC)
- full blood count (FBC)
- liver function tests (LFTs)
- Depending on clinical phenotype, further tests are recommended:
    - Vasculitis: antineutrophil cytoplasmic antibodies (ANCA), myeloperoxidase antibodies (MPO), proteinase 3 antibodies (PR3)
    - Myositis: creatine kinase (CK)
    - SLE: anti-double stranded DNA (dsDNA), antinuclear antibody (ANA), extractable nuclear antigen (ENA), antiphospholipid syndrome (APLS) screen, C3, C4
    - IgG4RD: IgG4 (IgG subclasses), histology
    - Sarcoidosis: angiotensin-converting enzyme (ACE), histology, calcium ,vitamin D
- urinalysis (spun sediment for red cell casts)

Clinical management advice and resources

Clinical resources

- ASCIA – Information for Health Professionals: Autoimmunity
- Australian Rheumatology Association (ARA) – Clinical Resources

Consumer resources

- ASCIA - Information for patients, consumers, and carers: Vasculitis Disorders
- Australia and New Zealand Vasculitis Society (ANZVASC) – What is Vasculitis?

Key words

Systemic vasculitis, vasculitis, myositis