

## Paediatric Allergy Clinic at Western Health:

Western Health provides Specialist Paediatric Allergy Clinic services for patients up to 17 years of age who require specialised assessment and management of actual, or suspected allergy/allergic disease. The clinics are facilitated by a Paediatric Allergist and Consultant Paediatricians.

Referrals will be triaged by Paediatrician and/or a Paediatric Nurse according to specific clinical requirements.

### **Referrals may be triaged to alternative Paediatric Specialist Clinics at Western Health.**

Specialist Clinics are provided in the Joan Kirner Women's & Children's at Sunshine Hospital and operate fortnightly.

## Conditions NOT seen by Paediatric Allergy at Western Health:

- Medication or latex allergies - Refer to the Allergy Department at the Royal Children's Hospital via [RCH Specialist Clinics Referrals](#).
- Children with a family history (parent and/or sibling) of food allergy
- Food intolerances
- Large local reactions to mosquito bites
- Acute idiopathic urticaria
- Suspected Primary Immunodeficiency Disease (PID)
- Suspected Auto inflammatory Disease

**REFERRALS THAT MAY BE ACCEPTED FROM A PAEDIATRICIAN** (case-by-case basis):

- Chronic idiopathic urticaria
- Allergic proctitis and/or suspected non-IgE mediated allergy
- Eczema only
- Asthma only
- Allergic rhinitis only

**Acute conditions requiring immediate assessment – please refer the patient to the Sunshine Hospital Emergency Department.**

## Access & Referral Priority Paediatric Allergy:

The clinical information provided in your referral will determine the triage category.

The triage category will affect the timeframe in which the patient is offered an appointment.

<b>URGENT</b>  Appointment timeframe 30 days	<b>ROUTINE</b>  Appointment timeframe greater than 30 days, depending on clinical need.
<b>New Onset Anaphylaxis</b> <ul style="list-style-type: none"> <li>All children up to 17 years of age</li> </ul>	<b>Other Suspected IgE Mediated Food Allergy</b>
<b>New Food Allergy (not anaphylaxis)</b> <ul style="list-style-type: none"> <li>Children &lt; 12 months of age allergic to:                             <ul style="list-style-type: none"> <li>Milk, Wheat or Peanut</li> </ul> </li> <li>Children up to 17 years of age referred by a Paediatrician with comorbid:                             <ul style="list-style-type: none"> <li>Feeding disorder</li> <li>Failure to Thrive (&lt; 3<sup>rd</sup> percentile or crossed 2 centiles)</li> </ul> </li> </ul>	<b>Food Protein-Induced Enterocolitis Syndrome (FPIES)</b>  <b>Eosinophilic Esophagitis (EOE)</b>  <b>Allergic Proctocolitis/non-IgE Mediated Allergy</b> <ul style="list-style-type: none"> <li>Children &lt; 12 months of age, or</li> <li>Referral from a General Paediatrician</li> </ul>
	<b>Insect Allergies</b>
	<b>Positive Food Serum Specific IgE / Skin Prick Test</b> <ul style="list-style-type: none"> <li>Positive test of unclear significance</li> </ul>
	<b>Severe Eczema</b> <ul style="list-style-type: none"> <li>Children &lt; 12 months, or</li> <li>Positive RASTs (Radioallergosorbent), and</li> <li>Referral from a General Paediatrician or Dermatologist</li> </ul>
	<b>Asthma or Allergic Rhinitis</b> <ul style="list-style-type: none"> <li>Poorly controlled, severe asthma or allergic rhinitis referred by a Paediatrician</li> </ul>
	<b>Chronic Urticaria</b>
	<b>Recurrent Angioedema without Urticaria</b>



# Western Health Specialist Clinics Referral Guidelines

## Condition Specific Referral Guidelines:

Key information enables Western Health clinicians to triage patient referrals to the correct category and provide treatment with fewer visits to Specialist Clinics, creating more capacity for care. If key information is missing, you will be asked to return the referral with the required information. If this information is not received, the referral may be rejected.

Condition:	Key Information Points:	Clinical Investigations
<b>Anaphylaxis</b>	<ul style="list-style-type: none"> <li>History of onset including time from exposure</li> <li>Symptoms experienced</li> <li>Suspected trigger</li> <li>EpiPen® prescribed</li> <li>Treatment provided and response</li> </ul>	<ul style="list-style-type: none"> <li>Previous Skin Prick Testing and/or Serum Specific IgE result</li> </ul>
<b>Allergies</b> Food, medication, latex, insect	<ul style="list-style-type: none"> <li>History of onset including time from exposure.</li> <li>Symptoms experienced</li> <li>Suspected trigger</li> <li>Treatment provided and response</li> </ul>	<ul style="list-style-type: none"> <li>Previous Skin Prick Testing and/or Serum Specific IgE result</li> </ul>
<b>FPIES</b>	<ul style="list-style-type: none"> <li>History of onset including time from exposure</li> <li>Suspected trigger/s</li> <li>Treatment provided and response</li> </ul>	
<b>Eosinophilic Esophagitis</b>	<ul style="list-style-type: none"> <li>Presenting symptoms including reflux, previous episodes food impaction/choking.</li> <li>Other allergic co-morbidities</li> </ul>	<ul style="list-style-type: none"> <li>Previous gastroscopy results</li> </ul>
<b>Eczema</b>	<ul style="list-style-type: none"> <li>History of onset</li> <li>Treatment tried to date including bleach baths and/or antibiotics</li> <li>Current treatment</li> </ul>	
<b>Asthma or Allergic Rhinitis</b>	<ul style="list-style-type: none"> <li>History of onset</li> <li>Treatments provided and response</li> <li>Current medications</li> </ul>	
<b>Allergic Proctocolitis/non-IgE Mediated Allergy</b>	<ul style="list-style-type: none"> <li>History of onset including presence of blood and/or mucous</li> <li>Suspected triggers</li> <li>Slow weight gain</li> <li>Maternal dietary avoidance or current formula use</li> </ul>	
<b>Recurrent Angioedema without Urticaria</b>	<ul style="list-style-type: none"> <li>Past medical history/comorbidities</li> <li>Family history of angioedema if applicable</li> </ul>	