GO PUBLIC!

SANTA CLARA VALLEY MEDICAL CENTER
Hospital & Clinics

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Allergy/Immunology Referral Guidelines

Allergy Clinic Location: 143 N Main Street,
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This information is designed to aid practitioners in making decisions about appropriate medical care. These guidelines should not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutional type of practice.

E-CONSULT DISCLAIMER:

E-consults are based on the clinical data available to the reviewing provider, and are furnished without benefit of a comprehensive evaluation or physical examination. All advice and recommendations must be interpreted in light of any clinical issues, or changes in patient status, not available to the reviewing provider. The ongoing management of clinical problems addressed by the e-consult is the responsibility of the referring provider. If you have further questions or would like clarifications regarding e-consult advice, please contact the reviewing provider. If needed, the patient will be scheduled for an in-office consultation.

All URGENT consultations require provider-to-provider communication. If your patient has a medical emergency, please direct them to the closest emergency room for expedited care.

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ANAPHYLAXIS

1. **Background**
2. **Pre-referral evaluation and treatment**
    a. Prescribe patient EpiPen if there is a high likelihood of anaphylaxis by history, even before referring patient to Allergy/Immunology clinic

3. **Indications for referral**

DRUG ALLERGY

1. **Background**
    a. Be aware that the only highly sensitive/standardized drug testing available is for penicillin.
    b. In most cases, with non-PCN suspected drug agents, the diagnosis of an allergy to that medication is made by looking at the history (timing of reaction, type of reaction, etc.) and possibly a graded challenge at allergy clinic

2. **Pre-referral evaluation and treatment**
    a. Have patient undergo a trial of stopping/changing the suspected trigger medication to see if reaction subsides before referring patient to Allergy/Immunology clinic

3. **Indications for referral**

EOSINOPHILIC ESOPHAGITIS

1. **Background**
2. **Pre-referral evaluation and treatment**
    a. Patient should have already been seen by GI with diagnosis of EoE made by biopsy
    b. Order Immunocap/RAST test for milk, egg, soy, wheat, nut panel, seafood panel at same time as referring patient to Allergy/Immunology clinic so we can have those results readily available at the consult visit at which we will also likely skin test the patient

3. **Indications for referral**

URTICARIA, Acute/Chronic

1. **Background**
2. **Pre-referral evaluation and treatment**
    a. For patients with known thyroid disorders, order thyroid labs to make sure thyroid hormone levels are normal and adjust medications as indicated to see if hives improve/resolve before making referral

3. **Indications for referral**

VACCINE ALLERGY

1. **Background**
2. **Pre-referral evaluation and treatment**
3. **Indications for referral**
4. **Please include the following with your referral**
    a. Referring provider should provide following info in reason for referral: exactly which specific vaccines (including brand name) patient received prior to the reaction

Revisions:

- April 2017, formatting/content
- Oct 2017, formatting