HPH Guidelines for Allergy/Immunotherapy Referrals

Effective June 26, 2017

General Recommendations:

The Allergy Department treats Patients of ALL ages.

If Patients are being referred for allergy testing they should be off antihistamines if possible. This is not necessary if the Patient is suffering from eczema, urticaria, angioedema, or severe nasal/ocular allergies. Generally Benadryl and other 1st generation antihistamines need to be discontinued at least 72 hrs before; Allegra, Zyrtec, Xyzal 7 days before; Claritin, Clarinex about 10 days prior. Other medications such as tricyclic antidepressants and H2 acid blockers will also block skin testing.

Blood testing or RAST is not recommended. Allergy test panels are strongly not recommended. Panels test for some irrelevant allergens. Testing for foods should only be done for highly implicated foods. Food testing, both blood and skin testing, have a high false positive rate. There are Patients that have a negative RAST but have a positive skin test.

Refer to a specialist for:

1. **Allergic Rhinitis**
    a. Failure of a trial of a nasal steroid and/or antihistamine for at least 2 weeks.
    b. Impact on quality of life: work, school, sleep, social interactions.
    c. Patients with frequent episodes of sinusitis, Otitis media, sore throats.
2. **Ocular Allergies**
    a. Failure of an antihistamine eye drop or oral antihistamine.
    b. Presence of nasal allergy symptoms.
    c. Do not recommend simultaneous consultation with Allergy AND Ophthalmology.
3. **Eczema**
    a. Failure of high dose antihistamines with basic skin care.
    b. Failure of low dose topical steroids or prolonged use of high dose steroids.
    c. Impact on quality of life.
    d. May be a candidate for Dupilumab (IL-4, IL-13 blocker).
4. **Anaphylaxis**
    a. All cases of Anaphylaxis should be referred. EpiPen should be prescribed.
5. **Angioedema**
    a. Failure of high dose antihistamines and oral/injectable steroids.
    b. Recurrent episodes of angioedema requiring frequent steroids or have required EpiPen administration.

6. **Urticaria**

    a. Failure of high dose antihistamines and H2 blocker combination.

    b. Frequent use of oral or injectable steroids.

    c. Effect on quality of life.

    d. Urticaria that lasts 6 weeks or longer is chronic and the Patient may be a candidate for Xolair therapy.

7. **Food Allergy**

    a. As noted above, testing has a high false positive rate. RAST is not recommended.

    b. Oral challenges done in the office setting are the gold standard.

8. **Drug Allergy**

    a. RAST is only available if allergy for Amoxicillin, Ampicillin, Penicillin G, or Penicillin V is suspected. Negative tests may be followed by an oral test dose.

    b. Other drugs such as steroids and local anesthetics are tested by skin testing. Aspirin and NSAIDs are tested by subsequent oral challenge. Testing in the allergy office can take up to 4 hours, and patients must be off antihistamines.

9. **Asthma**

    a. Consideration for evaluation must be given for any patient seen in the ER or hospitalized.

    b. Patients with concurrent chronic rhinitis or eczema may be referred.

    c. Patients with severe persistent asthma requiring Xolair or Nucala therapy.

    d. Simultaneous Allergy and Pulmonary recommendations are not recommended.

10. **Hymenoptera Allergy**

    a. Large local reactions generally do not need to be referred.

    b. Any anaphylactic reaction should be referred. Prescribe EpiPen.

    c. We are unable to test for spider bites, centipede bites and stings from jelly fish

11. **Immunodeficiency**

    a. The Allergy Department can do basic immune system screening for Patients suffering from frequent infections. Generally it is recommended that these Patients be referred to Infectious Disease for further evaluation.

    b. Patients with immunoglobulin deficiency, like CVID, are referred to Hematology. They also arrange for IVIG.