
Pediatric Allergy and Clinical Immunology

Consult and referral guidelines

Introduction

We care for children and teens from birth to 18 years. The most common reasons patients are referred include:

- Recurrent cough or wheeze
- Recurrent bronchiolitis or bronchitis
- Asthma
- Food allergy
- Immunodeficiency/concerns for frequent infections
- Allergic rhinitis/chronic rhinitis
- Atopic dermatitis/eczema
- Urticarial/angioedema
- Anaphylaxis
- Drug allergy
- Hypereosinophilia
- Venom allergy

We want to make referrals easy, fast and efficient for primary care providers. This tool was developed to help create productive visits for you and your patient.

Each guideline includes three sections: suggested workup and initial management, when to refer and information needed. Suggested workups may not apply to all patients, but these are studies we generally consider during office visits.

Special note: We prefer to look at all imaging studies at each visit. If radiology services were obtained outside of Spectrum Health, we ask the patient's family to provide images on a CD.

Feedback regarding these guidelines is encouraged. Please contact HDVCH Direct to share feedback.

For access to all pediatric guidelines, visit helendevoschildrens.org/guidelines

Appointment priority guide

Immediate	Call HDVCH Direct and/or send to the closest emergency department. Contact HDVCH Direct at 616.391.2345 and ask to speak to the on-call provider.
Urgent	Likely to receive an appointment within 48 hours. Call HDVCH Direct and ask to speak to the on-call provider.
Routine	Will receive first available appointment. Send referral via Epic Care Link, fax completed referral form to 616.267.2401 or send referral through Great Lakes Health Connect.

Diagnosis/symptoms	Suggested workup/initial management	When to refer	Information needed
Recurrent Cough or Wheeze Recurrent Bronchiolitis or Bronchitis	<p>Chest X-ray: PA and lateral</p> <p>Sweat chloride at an accredited CF Center</p> <p>Trial of bronchodilators at any age</p> <p>If bronchodilators non-responsive, trial of oral and/or inhaled corticosteroids or Singular® (if age appropriate)</p> <p>Oral prednisone is typically dosed at ~2 mg/kg/day x 5 days minimum</p>	<p>Has been hospitalized or intubated, or had frequent ER visits</p> <p>Frequent need for oral steroid bursts</p> <p>Less than 2 years old</p> <p>Unresponsive to usual therapy with increasing medication use</p> <p>Complicating conditions such as rhinitis, sinusitis, GE-reflux and/or pneumonia</p> <p>Abnormal spirometry or needs frequent monitoring with spirometry</p>	<p>Request for consult and chief concern</p> <p>Summary of previous treatments and response</p> <p>Respiratory history since birth, lab results and chest films</p> <p>If sweat chloride test was obtained, must be from CF Center accredited lab.</p>
Asthma	None	Same as above	Same as above

Diagnosis/symptoms	Suggested workup/initial management	When to refer	Information needed
<p>Food Allergy</p>	<p>No testing needed prior to visit</p> <p>Prescribe/instruct on use of epinephrine auto-injector</p> <p>Of Note: We do not recommend IgE food allergy broad-range panels. These have a high false positive rate and can lead to false diagnosis and potential harm to the patient. If testing is pursued, specific IgE to single food groups based on history is preferred. IgG to food has been shown to be of no clinical value in food allergy.</p>	<p>Any question of food allergy</p> <p>History of anaphylaxis</p> <p>We recommend that all patients with food allergy have care established with an allergist</p> <p>Urgent referral for patient <1 year of age and history of severe eczema/food allergy, since literature shows that we may have the opportunity to prevent food allergy in these patients.</p>	<p>Summary of all previous reactions</p> <p>Summary from an ER visits</p> <p>Summary of any previous allergy testing</p>

Diagnosis/symptoms	Suggested workup/initial management	When to refer	Information needed
Immunodeficiency/Concern for Frequent Infections	CBC with diff, IgG, IgA, IgM, HIV	<p>Urgent referral available for concern of serious immunodeficiency</p> <p>Four or more ear infections in 1 year</p> <p>Two or more serious sinus infections in 1 year</p> <p>Two or more months on antibiotics with little effect</p> <p>Two or more CXR proven pneumonias in 1 year</p> <p>Failure of an infant to gain weight or grow normally</p> <p>Recurrent, deep skin or organ abscesses</p> <p>Persistent thrush in mouth or fungal infection of skin</p> <p>Need for IV antibiotics to clear infections</p> <p>Two or more deep-seated infections, including septicemia</p> <p>Family history of immunodeficiency</p> <p>Infection with rare or low virulent organisms</p> <p>Unexplained bronchiectasis</p>	<p>Brief summary of infections and hospitalizations</p> <p>All previous radiology results (including CD of film if not done at a Spectrum Health facility)</p> <p>All culture and lab results outside of Spectrum Health</p>

Diagnosis/symptoms	Suggested workup/initial management	When to refer	Information needed
Allergic Rhinitis/Chronic Rhinitis	Trial of second-generation H-1 antihistamines (Zyrtec/cetirizine or Allegra/fexofenadine) at any age Trial nasal steroid if tolerated	Symptoms refractory to antihistamine and nasal steroid Need to clarify diagnosis of allergy vs non-allergic Need to identify specific allergens for environmental management Need for evaluation for allergy shots	History of symptoms and therapies to this point
Atopic Dermatitis/Eczema	Topical corticosteroids (cream/ointment, not lotion) Frequent emollients Oral H-1 antihistamine at night	Continued flares of atopic dermatitis despite current treatment Urgent referral for all patients <1 year of age with severe eczema to evaluate for early introduction/prevention of food allergy in accordance with LEAP study, EAT study and 2016 food allergy practice parameters.	History of previous treatment Any labs that were obtained outside of Spectrum Health

Diagnosis/symptoms	Suggested workup/initial management	When to refer	Information needed
<p>Urticaria/Angioedema</p>	<p><u>Acute urticaria (<6 weeks)</u></p> <ul style="list-style-type: none"> • Investigate viral or allergic causes of urticaria • Oral second-generation H1 antihistamine for acute control <p>Chronic urticaria (present most days > 6 weeks)</p> <ul style="list-style-type: none"> • Empiric trial of Zyrtec/ cetirizine or Allegra/ fexofenadine twice daily and Zantac/ranitidine twice daily • Consider trial of daily Singulair/montelukast, if age appropriate <p>In general, laboratory testing is not needed/indicated</p> <p>If there are concerning systemic symptoms, (fever, weight loss, night sweats, joint pain, etc.), you can consider limited laboratory testing (CBC with diff, ESR and/or CRP, LFTs and TSH)</p> <p>Angioedema/swelling without urticaria</p>	<p>Unexplained acute urticaria</p> <p>Symptoms that are refractory, and continue despite BID H1 and H2 antihistamine</p> <p>Angioedema, without urticaria, accompanied by low C4 (concern for Hereditary Angioedema)</p>	<p>History of previous treatment</p> <p>Any labs that were obtained outside of Spectrum Health</p>

Diagnosis/symptoms	Suggested workup/initial management	When to refer	Information needed
Anaphylaxis	Could consider baseline tryptase	Any case of anaphylaxis, especially unexplained, should be referred to an allergist	Brief history of anaphylactic event Any labs obtained, especially tryptase, if this is obtained during ER visit for anaphylaxis
Drug Allergy	Due to high rate of false negatives, unless needed for urgent/emergent reasons (e.g., chemotherapy), we cannot test for drugs allergies until 6 weeks after reaction	History of allergy/reaction to a medication that is medically indicated for the patient to take in the future History of allergy/reaction to multiple medications that make prescribing future medications difficult Any history of penicillin allergy in children >10 years old	History of reaction to all medications
Hypereosinophilia	CBC with diff Stool o/p, toxocara canis antibody, and strongyloides (note, there is risk of death if prednisone is given to patient with strongyloides)	Absolute eosinophil count >1000, with negative stool o/p, toxocara canis antibody, and strongyloides antibody	All laboratory results outside of Spectrum Health (including all CBCs that have been obtained)
Venom Allergy	Prescribe injectable epinephrine	All patients with history of reaction to stinging insect that is more than a large reaction at the site of the sting/bite.	Brief history of reaction

HDVCH Direct phone: 616.391.2345

Helen DeVos Children's Hospital developed these referral guidelines as a general reference to assist referring providers. Pediatric medical needs are complex, and these guidelines may not apply in every case. Helen DeVos Children's Hospital relies on its referring providers to exercise their own professional judgment with regard to the appropriate treatment and management of their patients. Referring providers are solely responsible for confirming accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic and prescription decisions.