

PAEDIATRIC ALLERGY REFERRAL PATHWAY

Paediatric Allergy Team

Lister Hospital

Referral to Paediatric Allergy Clinic (Secondary Care) if there is:

- Faltering growth in combination with one or more of the gastrointestinal symptoms described in guidelines (See NICE, BSACI guidelines).
- “Children with atopic eczema who fail to grow at the expected growth trajectory, as reflected by UK growth charts, should be referred for specialist advice relating to growth.”
- No response to a single-allergen elimination diet.
- One or more acute systemic allergic reactions or anaphylaxis.
- One or more severe delayed reactions.
- Confirmed IgE-mediated food allergy and concurrent asthma (after confirmation on allergy-focussed Paediatric history and specific IgE testing of ≥ 0.35 kuA/L or on SPT).
- Significant atopic eczema where multiple or cross-reactive food allergies are suspected by the parent or carer. “Children with moderate or severe atopic eczema and suspected food allergy should be referred for specialist investigation and management of the atopic eczema and allergy.”
- Persistent parental suspicion of food allergy (especially in children with difficult or perplexing symptoms) despite a lack of supporting history.
- Clinical suspicion of multiple food allergies.
- Asthma and allergic rhinitis/rhinoconjunctivitis, if uncontrolled in Primary Care.
- ❖ Consider referring all other children to secondary or specialist care (according to local protocol) for a skin prick and/or specific IgE antibody blood test if tests or expertise to interpret allergy testing is not available. *(This will be monitored by the Paediatric Allergy Team so as to ensure focussed Primary Care/Paediatric training on Paediatric Allergy.)*

*Patients with drug allergies should be referred to a Tertiary Allergy centre such as Addenbrooke’s Hospital or St. Mary’s Hospital.

How to make a referral:

1. Please direct Paediatric Allergy referrals to Dr. Lyn Ventilacion or Dr. Jan Reiser, Consultant Paediatricians, at Lister Hospital via ERS (E-referral booking system).
2. Paediatric Allergy Clinics run on Wednesdays at the Paediatric Outpatients Department, Lilac zone at Lister Hospital.
3. Patients should avoid taking antihistamines at least 5 days before the appointment date if they are asymptomatic and if this can be avoided, unless they need to be treated for an acute allergic reaction. This is important as this can affect the validity of their allergy testing.

BSACI standards for Paediatric Allergy services in Secondary Care:

“Consultant Paediatric Allergist or General Paediatric Consultant or Associate Specialist with an interest in Allergy and Nursing Staff who are members of the BSACI and have training in paediatric allergy; Paediatric dietitian who is competent to support patients with food allergy; and child-friendly environment with available facility for skin prick testing and training and supervision of AAI, inhaler, nasal spray techniques and topical therapies for eczema.”

References:

NICE Guidelines for Cow’s Milk Protein Allergy; December 2014.

NICE Guidelines for Food allergy in children and young people; February 2011.

NICE Guidelines for Atopic eczema in under 12s: diagnosis and management; December 2007.

RCPCH Allergy Care Pathways; 2011.

BSACI guidelines; 2011 and 2014.

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