Pediatric Allergy and Clinical Immunology
Consult and Referral Guidelines

Helen DeVos Children's Hospital
Outpatient Center
35 Michigan Street NE

About Pediatric Allergy and Clinical Immunology

We care for patients from birth to age 18.

Most common referrals

- Food allergy
- Anaphylaxis
- Asthma
- Recurrent viral wheeze
- Allergic rhinosinusitis
- Allergic conjunctivitis
- Chronic sinusitis
- Nasal polyps
- Primary immunodeficiency (frequent/recurrent, unusual infection, periodic flare)
- Positive newborn TREC screen
- Chronic and acute urticarial/angioedema
- Hereditary angioedema
- Bee sting allergy
- Atopic dermatitis/eczema
- Drug or vaccine allergy
- Eosinophilic disorders (especially hypereosinophilia and eosinophilic esophagitis)
- Mast cell disorders

Notes
With the exception of some drug and bee allergy testing, we do not use needles for any skin testing.

Allergy and Clinical Immunology Appointment Priority Guide

Immediate *(e.g., a positive TREC newborn screen for severe combined immunodeficiency)*	Call HDVCH Direct at 616.391.2345 and ask to speak with on-call allergist/immunologist or send to the closest emergency department.
Urgent *(e.g., severe eczema or history of food allergy <1 year of age; allergic reaction to medication that is needed/critical for continued care)*	Likely to receive an appointment 48 hours. Call our department at 616.267.8150.
Routine	Will receive first available appointment. Fax completed referral form and records to 616.267.2851 or send through Great Lakes Health Connect.

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
Food Allergy & Food Oral Immunotherapy	No testing needed prior to visit Prescribe/instruct on use of epinephrine autoinjector for patient to carry with them at all times **Note: we do **not** recommend IgE food allergy "panels" that test a broad range of food allergens in one test. 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 and should not be ordered.*	• Any question of food allergy • History of anaphylaxis • We recommend all patients with food allergy have care established with an allergist • *Urgent referral:* For patient <1 year of age and history of severe eczema/food allergy as literature shows we may have the opportunity to prevent food allergy in these patients	• Request for consult • Summary of all previous reactions • Summary from any ER visits • Summary of any previous allergy testing
Anaphylaxis	Could consider baseline tryptase	Any cases of anaphylaxis, *especially unexplained*, should be referred to an allergist	• Request for consult and brief history of anaphylactic event • Any labs obtained, especially tryptase if this is obtained during ER visit for anaphylaxis

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
Asthma	None	• Has been hospitalized • Intubated/ICU admission • Frequent ER visits • Frequent need for oral steroid bursts • Unresponsive to usual therapy with increasing medication use • Complicating conditions such as allergic rhinitis, sinusitis, GERD and/ or pneumonia • Abnormal spirometry or needs frequent monitoring with spirometry	• Request for consult • Chief concern • Summary of previous treatments and response • Respiratory history since birth • All lab results • All chest films (must have chest X-ray)* • If sweat chloride test was obtained, must be from CF Center accredited lab**
Recurrent Cough or Wheeze **Recurrent Bronchiolitis or Bronchitis**	Chest X-ray: PA and lateral* Sweat chloride at an accredited CF Center** Trial of bronchodilators at any age Trial of oral and/or inhaled corticosteroids or Singular® (if age appropriate) if bronchodilators non-responsive. *Oral prednisone is typically dosed ~2 mg/kg/day x 5 days minimum.*	• Has been hospitalized • Intubated/ICU admission • Frequent ER visits • Frequent need for oral steroid bursts • Unresponsive to usual therapy with increasing medication use • Complicating conditions such as allergic rhinitis, sinusitis, GERD and/ or pneumonia • Abnormal spirometry or needs frequent monitoring with spirometry	• Request for consult • Chief concern • Summary of previous treatments and response • Respiratory history since birth • All lab results • All chest films (must have chest X-ray)* • If sweat chloride test was obtained, must be from CF Center accredited lab**
Allergic Rhinitis **Chronic Rhinitis** **Allergic Conjunctivitis** **Chronic Sinusitis** **Nasal Polyps**	Trial of second-generation H-1 antihistamines (i.e., 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. nonallergic • Need to identify specific allergens for environmental management • Need for evaluation for allergy shots	• Request for consult • History of symptoms • Therapies to this point

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
Immunodeficiency/ Concern for Frequent Infections	CBC with differential IgG, IgA, IgM HIV	• 4 or more ear infections in 1 year; 2 or more serious sinus infections in 1 year • Two or more months on antibiotics with little effect • Two or more CXR proven pneumonias in 1 year • Failure of an infant to gain weight or grow normally • Recurrent, deep skin or organ abscesses • Persistent thrush in mouth or fungal infection of skin • Need for IV antibiotics to clear infections • Two or more deep seated infections including septicemia Family history of primary immunodeficiency • Infection with rare or low virulent organisms • Unexplained bronchiectasis • *Urgent referral: For concern for serious immunodeficiency*	• Request for consult • Brief summary of infections and hospitalizations • All previous radiology results (including CD of film if not done in our system) • All culture results • All lab results
Atopic Dermatitis/Eczema Allergic Contact Dermatitis	Topical corticosteroids (cream/ointment not lotion) to effected area 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* *For more information on introduction of foods, go here.*	• Request for consult • Brief history of treatments to this point

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
Urticaria/Angioedema *For more information, go here.*	***Acute urticaria (<6 weeks)*** Investigate viral or allergic causes of urticaria Oral second generation H1 antihistamine for acute control ***Chronic Urticaria (present most days >6 weeks)*** Empiric trial of Zyrtec (cetirizine) or Allergra (fexofenadine) twice daily and Zantac (ranitidine) twice daily Consider trial of daily Singulair (montelukast), if age appropriate *In general laboratory testing is not needed/indicated.* If there are concerning systemic symptoms (fever, weight loss, night sweats, joint pain, etc.), you can consider limited laboratory testing (CBC with differential, ESR and/or CRP, LFTs and TSH) Angioedema/swelling without urticaria or family history of hereditary angioedema C4	• Unexplained acute urticaria • Symptoms that are refractory and continues despite BID H-1 and H-2 antihistamine • Angioedema without urticaria accompanied by low C4 (concern for hereditary angioedema) • Family history of hereditary angioedema	• Request for consult • History of previous treatment • Any labs that were obtained

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
Drug or Vaccine Allergy	Due to high rate of false negatives, unless needed for urgent/emergent reasons (i.e., chemotherapy) we cannot test to drugs 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	• Request for consult • History of reaction to all medications
Hypereosinophilia	CBC with diff Toxocara canis antibody and strongyloides *Note: There is risk of death if prednisone is given to patient with strongyloides* Test for scabies	• Absolute eosinophil count >1000 with negative toxocara canis antibody and strongyloides antibody	• Request for consult • All laboratory results (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.	• Request for consult • Brief history of reaction

Notes

**We prefer to look at all X-rays/CT scans ourselves during the visit. If your patient has not obtained their X-rays/CT scans at Spectrum Health, we ask that the patient obtain a CD that includes all their X-rays/CT scans and bring it to our office visit.*

***Accredited CF care centers include: Helen DeVos Children's Hospital (Grand Rapids), Sparrow Hospital (Lansing), Bronson Hospital (Kalamazoo), Children's Hospital of Michigan (Detroit) and University of Michigan (Ann Arbor).*