

## **Emergency Care and Medical Specialties Directorate**

### **Adult Anaphylaxis / Severe Allergy Clinic – Referral Criteria**

This service is designed to investigate and manage life threatening allergic reactions in adults (13 years and over).

**Anaphylaxis:** patients who have had, or are suspected to have had systemic allergic reactions.

These reactions include wheeze, stridor, breathlessness, oro-pharyngeal angioedema, syncope or pre-syncope usually (but not exclusively) in the presence of flushing, urticaria, swelling or angioedema. These reactions occur within 1 – 2 hours of exposure to a likely trigger or exercise and resolve within 24 hours of onset (*Longer lasting or delayed reactions are rarely due to allergy*). The absence of these features makes alternative diagnoses more likely.

**Food Allergy:** patients who are suspected as having type I hypersensitivity reactions to food i.e. not food intolerance or celiac disease. These reactions are systemic (as above) or affect the mouth, tongue, lips or oro-pharynx and occur within 1-2 hours of exposure to food and resolve within 24 hours of onset (*longer lasting or delayed reactions are rarely due to food allergy*).

Isolated urticaria, abdominal symptoms, bowel irregularity or discomfort in the absence of more typical allergy symptoms should not be referred to the anaphylaxis service.

**Bee/Wasp Venom reactions:** when anaphylaxis to insect venom is recorded, patients can be referred for appropriate advice and consideration of desensitisation therapy.

**Adrenaline Prescription:** when a patient has been issued with adrenaline auto-injector by another service for a presumed anaphylactic reaction referral could be considered for review of this decision and education on correct use.

**Drug Allergy:** patients may be referred when symptoms suggest IgE mediated reaction eg bronchospasm, collapse, urticaria or angioedema within 1 hour of exposure. However: diagnostic tests for drug allergy are limited and rarely guarantee drug safety. Desensitisation is not usually possible. The gold standard for diagnosis is a direct drug challenge – this carries risks and many patients / doctors will prefer avoidance unless there is a clear need for therapy and lack of suitable alternative drugs.

ANAESTHETIC reactions – patients with acute episodes consistent with an IgE mediated reaction should be referred.

**Latex Allergy:** where symptoms are due to contact to latex, eg children's balloons, condoms or work place contact.

## **We are unable to investigate or manage**

**Urticaria +/- angioedema:** when occurring in the absence of systemic features of allergy as above. Urticaria/angioedema is usually not caused by allergy or specific triggers and should not be referred see 2a-d, below. Follow national guidelines at: [www.pathways.scot.nhs.uk/Dermatology](http://www.pathways.scot.nhs.uk/Dermatology)

1. The following suggest symptoms MIGHT be allergic (may refer as above)
  - a. Symptoms ONLY within minutes of exposure to single food/food group
  - b. Symptoms ONLY with exercise/activity
  - c. Symptoms occur within minutes of exposure to latex
  
2. The following suggest urticaria/angioedema is NOT allergic
  - a. Symptoms are present first thing in the morning
  - b. Symptoms persist (even in varying intensity) for days / weeks
  - c. Symptoms have been frequent and regular over a period > 6 weeks
  - d. Symptoms have occurred while on ACE inhibitor or NSAID therapy. (Duration of prior therapy does not affect the chances of angioedema being related to a drug).

**Angioedema WITHOUT urticaria:** unless there are features to suggest allergy as in 1a-c, above, consider Immunology referral. Angioedema is rarely due to allergy or specific triggers.

**Food Intolerance:** no dedicated service available

**Rhinitis/Asthma:** this falls under the remit of ENT/respiratory medicine.

**Eczema/Dermatitis:** this falls under the remit of Dermatology