

Allergy and Immunology



Children'sSM
Healthcare of Atlanta

Guidelines for referrals

Below is a list of guidelines to follow when referring a patient to Children's Healthcare of Atlanta Allergy and Immunology. **Note, we do not accept new referrals for patients older than age 18.** These guidelines are intended to be general recommendations. If you have specific questions, call **404-785-DOCS (3627)** and ask to speak with the on-call allergist/immunologist.

Due to a high demand for our pediatric allergy/immunology services, patients may be triaged by the severity of their medical condition. Because environmental allergies (e.g. dust, pollen, etc.) are common conditions that can be effectively treated with over-the-counter allergy medications in many cases, we have developed an expedited diagnostic and treatment algorithm to help aid you in providing your patients timely care.

Conditions we treat

- Poorly controlled or complicated allergic rhinitis and/or conjunctivitis (hay fever, seasonal allergies)
*Patients with simple, uncomplicated environmental allergies can often be effectively diagnosed and treated prior to referral***
- Asthma/recurrent wheezing
- Anaphylaxis
- Atopic dermatitis/eczema
Do not perform allergy testing prior to referral
- Food allergies
- Sinusitis
- Chronic urticaria (hives occurring repeatedly for a period >6 weeks)
- Angioedema (swelling)
- Drug/medication allergies
- Insect sting allergies
- Eosinophilic esophagitis (EE or EoE)
- Primary immunodeficiency/Inborn errors of immunity (IEI)
- Recurrent/unusual infections
- Follow-up of abnormal newborn screens for IEI
- Recurrent/unusual infections
- Follow-up of abnormal newborn screens for IEI

Conditions we do not treat

- Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS)
- Postural Orthostatic Tachycardia Syndrome (POTS) / undifferentiated "mast cell" symptoms - *sometimes called Mast Cell Activation Syndrome (MCAS)*
- Long COVID
- Chronic fatigue syndrome/myalgic encephalomyelitis
- Autoimmune concerns - *Refer these patients to a rheumatologist.*
- Suspected contact dermatitis - *Refer these patients to a dermatologist as we do not perform patch testing in our clinic.*
- Isolated episode of acute urticaria without a clear trigger - *This is usually caused by an infection and is not allergic. Evaluation and testing are usually not indicated in this scenario.*

****** For patients with suspected **allergic rhinitis/environmental allergies**, you can initiate a diagnosis and treatment. For many patients with uncomplicated allergies (e.g. no sleep disturbance, difficult-to-control asthma, chronic sinus disease) the steps listed below are often sufficient to provide significant and rapid relief, and an allergy referral may not be necessary.

- If your patient has already had allergy testing for environmental allergies, tips on allergen avoidance measures can be found at choa.org/parent-resources.
- If your patient has not been tested, we recommend regional environmental allergy panels to measure serum IgE to common inhalant allergens. These panels are available through Children’s lab (test code INHALP), Quest Lab (test code 10285) and LabCorp (test code 602629).
 - **Because food IgE tests are frequently returned falsely positive, we strongly recommend that you do not order food allergy testing unless your patient has a clear history of an immediate reaction to food.**
 - **If you add food testing to an environmental panel, choose only the individual food(s) the patient has already clinically reacted. IgE panel testing is usually not appropriate for food allergy.**
- After avoidance measures, the first line evidence-based treatment for allergies is intranasal steroids given daily during the allergy season. These are often administered with PRN oral antihistamines and allergy eye drops. Intranasal antihistamines can be used as an alternative. Many of these are available over the counter, and some payers cover prescriptions for OTC meds written by a provider. Visit choa.org/parent-resources to view various options and dosing recommendations.
- Most patients respond well to allergen avoidance and medical therapy. If the above measures are not helping and/or your patient is specifically interested in allergen immunotherapy (e.g. allergy shots), we can discuss alternative treatment.

Urgent referrals

If you feel your patient needs to be seen urgently, denote “urgent” on the allergy/immunology referral form. **All referrals marked “urgent” are reviewed and clinically triaged to help make sure the patients with highest medical need are seen in a timely fashion.** If you wish to speak to the on-call allergist/immunologist, call **404-785-DOCS (3627)**.

Examples of conditions that may warrant an urgent referral include:

- An infant with atopic dermatitis and suspected food allergy.
- A severe immune deficient patient or an abnormal newborn screen for SCID.
- Severe allergic reaction/anaphylaxis (usually resulting in an emergency department visit and/or hospitalization) without an obvious avoidable trigger.

Referrals and medical records

- Place an internal ambulatory referral in Epic. If you are not a part of CHOA Epic, submit an [online referral](#) or complete our [printable referral form](#) and fax it to **404-785-9111**.
- Please make sure all appropriate medical records are faxed to our office with the referral. This includes prior allergy/immunology testing and labs and pertinent imaging studies. If the patient has been seen by an allergist/immunologist previously, include these records as well.

Thank you for trusting us to care for your patient. We look forward to working together.

