

## REFERRAL LETTER FOR PAEDIATRIC ALLERGY CLINIC

Afix patient label here

**Contact details:**

**Name of guardian:**

**Best Contact number:**

**This patient was seen in the Emergency Department on the .....**

**The Reason for the referral letter is**

- First episode of allergy
- New allergen identified
- Other : .....

**The diagnosis was :**

- Anaphylaxis
- Repeated vomiting suggestive of FPIES
- Mild allergic reaction
- other : .....

**The suspected trigger(s) was/were : .....**

**The symptoms were (circle the appropriate symptoms) :**

- Skin/mucosa : pruritus/erythema/urticaria/angioedema/conjonctivitis
- Gastro : nausea/vomiting/diarrhea/abdominal pain
- ENT/Resp : Itchy mouth/itchy throat/rhinitis/laryngeal cough/wheezing
- Cardio/neuro : tachycardia/hypotension/dizziness/lethargy

**The treatment received in ED :**

- Antihistamines
- IM adrenaline
- Salbutamol
- Fluids
- Others  .....

**In case of anaphylaxis, the patient was discharged with :**

- food avoidance advice related to the suspected trigger
- prescription of a second generation antihistamine and 2 adrenaline auto-injectors
- anaphylaxis action plan (IFAN.ie)

**Name of doctor :**