Drug Allergy – NICE Statement

Dear Colleague,

The waiting list for drug allergy testing in St. James's Hospital is very long. Unfortunately the immunology service currently lacks the resources to deal with this effectively, whilst maintaining our commitment to immune deficiency, vasculitis, anaphylaxis/urticaria and diagnostic laboratory services. Drug allergy assessment as you know is difficult, labour intensive and time consuming.

Patients are required to undergo skin prick tests, intradermal tests and, often, challenge tests where they are exposed to the potentially culprit drug. *Please ensure that you discuss this with the patient prior to referral*. Please also note that, in general, blood tests are not useful in the diagnosis of drug allergy.

We continue to advocate and strive to improve the service available to outpatients and inpatients.

At this point we can only accept referrals in line with NICE guidelines. Referrals that do not meet these criteria or lack sufficient information will be returned.

I am sorry to have to limit referrals in this way and would seek your support in my on-going efforts to raise awareness of this problem and find a sustainable service solution.

There is no private day ward in St. James's Hospital and I cannot see patients privately for these issues.

When referrals are accepted they will be offered a day ward slot in terms of priority.

Yours Sincerely,

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The following is a local adaptation of NICE guidance (Adapted by N Conlon Feb 2017)

In General

Refer people to a drug allergy service if they have had:

- A suspected **anaphylactic** reaction to a drug (please be aware of the correct definition)
- A severe non-immediate cutaneous reaction to a drug (DRESS syndrome, Stevens Johnson syndrome, toxic epidermal necrolysis)

Guidance for specific reactions determined by history

NSAIDs:

Patients should be advised to avoid all NSAIDs

- Refer patients with anaphylaxis or severe angioedema
- Refer patients who need treatment with NSAIDs and have no alternative medication. They may be considered for a COX2 inhibitor challenge

Beta Lactam Antibiotics:

Refer people if they

- Need treatment for a condition that can only be treated by a beta lactam antibiotic
- Have a condition requiring regular antimicrobial therapy (eg immune deficiency, bronchiectasis)
- Are not able to take beta lactams and one other antibiotic class

Local Anaesthetics:

- Local anaesthetic allergy is very rare
- Refer people who have an upcoming procedure that is not able to proceed without local anaesthetic

General Anaesthesia:

- Refer people who have had anaphylaxis during or immediately after general anaesthesia
- We accept referrals from the attending anaesthetist only. Our standard referral form should be used – *http://www.stjames.ie/Departments/DepartmentsA-Z/I/Immunology/DepartmentOverview/Peri-operative%20referral%20form.pdf*

Triage of referrals

Urgent:

- Perioperative anaphylaxis with urgent requirement for further surgery (please note a minimum of 6 weeks wait after anaphylaxis event is required for accurate assessment, assessing earlier is discouraged)
- Antimicrobial allergy with no suitable alternative medication

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Soon:

- Perioperative anaphylaxis without requirement for further surgery
- Local anaesthetic allergy with requirement for elective procedure
- Antimicrobial allergy with on-going requirement for regular antibiotic therapy

Routine:

- All other referrals

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