

My Health Record use cases for clinical immunology/allergy specialists

These use cases have been put together to demonstrate ways in which My Health Record can be useful for clinical immunology/allergy specialists and patients with allergic conditions.



Use case #1: Teen with peanut allergy presents to hospital

Sam, 18 years old with peanut allergy, presents to an emergency department, and appears to be heavily intoxicated. His speech is impaired, and he is unstable on his feet. The triage nurse undertakes some observations and records low blood pressure. Sam is unable to offer many details aside from his name, date of birth, and Medicare card. The triage nurse activates the 'break-glass' function to access Sam's My Health Record. His [shared health summary](#) indicates peanut allergy and reaction type 'anaphylaxis'. The triage nurse makes a note of this as well as a list of his current medications and medical history.

The emergency physician assesses Sam and notices that he does not have the smell of alcohol on his breath. Given Sam's history of anaphylaxis, the physician suspects that Sam is experiencing anaphylaxis and asks Sam whether he had anything to eat recently, to which he replies 'kebab'. Sam is immediately treated for anaphylaxis and later admitted to a ward for observation because he is still hypotensive. While Sam recovers and is monitored, the nurses organise a red patient identification band and liaise with the out of hours kitchen to provide Sam with some safe food to eat.

After recovering, Sam's [discharge summary](#) is uploaded to his My Health Record. A copy is sent to his GP with a recommendation that Sam is referred to an allergy dietitian to help him manage his peanut allergy when eating out.



Use case #2: Paediatric care-coordination

A private paediatric clinical immunology/allergy specialist has a new patient to assess with asthma and immunoglobulin E (IgE) mediated cow's milk and egg allergy.

Harper, six years old, has recently moved with her family from interstate and has been referred to the allergist by her new GP. There is little information in the referral from the GP about the diagnosis of her asthma and cow's milk and egg allergy, and no pathology results accompany the referral either.

Prior to the consultation, the allergist accesses Harper's My Health Record through [conformant clinical software](#) and views Harper's [shared health summary](#). The shared health summary indicates that Harper's allergies were confirmed two years ago through a public hospital outpatient clinic, while the asthma was being managed by her GP. A [specialist letter](#) from the outpatient clinic was also uploaded that contains information about Harper's previous ASCIA Action Plans, skin prick test results, and food challenge test results. The allergist can also access Harper's recent pathology results and find out what preventer has been prescribed through [prescription and dispense information](#).

When Harper and her mother arrive at the appointment the clinical immunology/allergy specialist was able to clarify the information obtained from Harper's My Health Record and used the consultation time to address any new concerns.



Use case #3: De-labelling a penicillin allergy

Martin, age 58 visits his GP with symptoms of a bacterial urinary tract infection (UTI) requiring antibiotic treatment. Martin firmly believes that he is allergic to penicillin as he was told this by his mother as a child, although he does not recall an incident. He reminds his GP of this whenever medications are prescribed, and the GP's clinical information system has an alert for this allergy. The GP prescribes a course of trimethoprim but a week later, Martin's symptoms have not improved, so the GP prescribes nitrofurantoin. The GP is aware that the alternative antibiotics are typically suboptimal and after the UTI clears up, decides to refer Martin to an adult clinical immunology/allergy specialist to investigate his penicillin allergy in the longer term.

The clinical immunology/allergy specialist determines that there is no history of reaction type, and it is unlikely to be anaphylaxis or immediate hypersensitivity. He performs a drug provocation test (DPT) to oral amoxicillin. The DPT is negative to amoxycillin and the patient is cleared of his penicillin allergy. Using [conformant clinical software](#), the clinical immunology/allergy specialist uploads an [event summary](#) and records 'Penicillin – Confirmed NOT ALLERGIC' as well as the date and his name. The specialist also writes to the GP advising that the patient does not have a penicillin allergy. The specialist requests that the GP updates the practice's records and removes old shared health summaries from Martin's My Health Record.

When Martin visits his GP, the GP suggests that they update Martin's [shared health summary](#) in his My Health Record so that his penicillin allergy alert is removed. Martin will not be prescribed suboptimal antibiotics in the future.



Support and training

Visit the [National Allergy Council website](#) and view our My Health Record fact sheets that have been developed specifically for clinical immunology/allergy specialists.

- [My Health Record for clinical immunology/allergy specialists](#)
- [Getting started: My Health Record for private allergy practices](#)
- [Event summaries: A guide for clinical immunology/allergy specialists using conformant software](#)

You can complete the following eLearning modules that have been developed by the Australian Digital Health Agency:

- [Digital health for specialists](#)
- [Introduction to My Health Record for healthcare providers](#)
- [Registering your organisation for My Health Record](#)
- [My Health Record Security, Privacy and Access](#)

You can also visit the [My Health Record website](#) for more information on how you can view or contribute to your patient's My Health Record:

- [View a My Health Record](#)
- [Upload clinical information](#)
- [Clinical software simulators and demonstrators](#)

Training and related resources are available through the [My Health Record webinars page](#) or via your local Primary Health Network (PHN).