

My Health Record use cases for allergy management

These use cases have been collated to demonstrate ways in which My Health Record can be useful for health professionals caring for patients with allergic conditions.

My Health Record is secure, it can save you time, and it may reduce unnecessary duplication of diagnostic services. Accessing My Health Record ensures safe prescribing, especially for patients with known food or drug allergies.

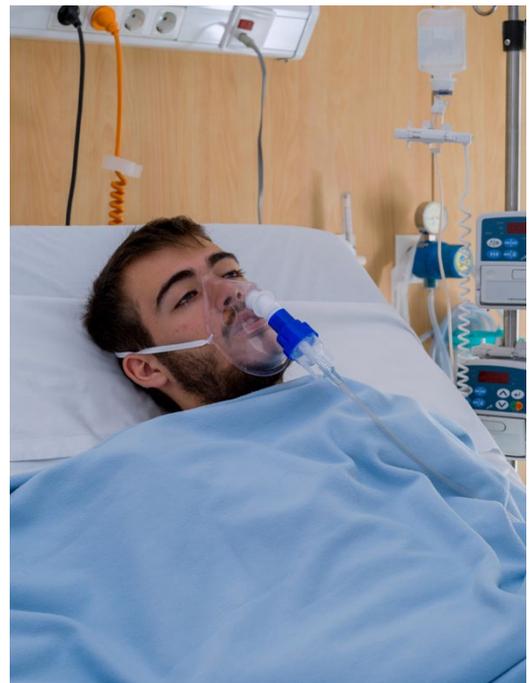


Use case #1: Teen with peanut allergy presents to hospital

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 accesses 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, cow's milk allergy and egg allergy.

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

Prior to the consultation, the clinical immunology allergy specialist accesses Harper's My Health Record 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, and that her asthma was being managed by her previous GP. A **specialist letter** from the outpatient clinic was also uploaded that contains information about Harper's previous ASCIA Anaphylaxis Action Plans, skin prick test results, and food challenge test results. The clinical immunology allergy specialist can also access Harper's recent pathology results, as well as find out what asthma preventer has been prescribed through **prescription and dispense information**.

When Harper and her mother arrive at the appointment, the clinical immunology/allergy specialist is 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: Delabeling a pencilling allergy

Martin, age 58 visits his GP with symptoms of cellulitis requiring antibiotic treatment. Martin firmly believes that he is allergic to penicillin as he was told this by his mother as a child, and recalls experiencing a rash after taking penicillin when he was a teenager. He reminds his GP of this. The GP prescribes a course of cephalexin and two weeks later, Martin's symptoms have improved. The GP is aware that the alternative antibiotics are typically suboptimal and that due to Martin's type 2 diabetes he is at increased risk of future infection. Therefore, Martin's GP decides to investigate his penicillin allergy after the cellulitis clears up.



The GP conducts a risk assessment and determines that Martin is low risk of having a penicillin allergy. They perform a drug provocation test (DPT) to oral amoxycillin. The DPT is negative to amoxycillin and Martin is confirmed not allergic to penicillin. Using **conformant clinical software**, GP uploads an **event summary** and records 'Penicillin – Confirmed NOT ALLERGIC' as well as the date and their name. The GP updates the practice's records and removes old shared health summaries from Martin's My Health Record.

The GP (who is Martin's nominated healthcare provider) updates Martin's **shared health summary** in his My Health Record so that his penicillin allergy alert is removed.

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).