Table 2. Anaphylaxis (see also Insect Allergy, Drug Allergy, and Food Allergy for Anaphylaxis due to these agents)

Referral Guideline	Rationale	Evidence Type
Individuals with a severe allergic reaction (anaphylaxis) without an obvious or previously defined trigger.	After a severe allergic reaction without a known cause, a trigger should be identified if at all possible. An allergist/immunologist is the most appropriate medical professional to perform this evaluation[1], which may include skin testing, in-vitro tests, and challenges when indicated (including with exercise – see below). Major triggers for anaphylaxis are foods and food constituents, medications and biologicals, latex, and insect stings.[2-6] Future avoidance of the identified triggers should prevent subsequent anaphylactic episodes. Management of idiopathic anaphylaxis by an allergist/immunologist is associated with a reduction in hospitalizations and emergency department visits.[7]	Diagnostic Indirect outcome (trigger avoidance) Direct outcome (idiopathic anaphylaxis)
Persons with anaphylaxis attributed to food.	Food allergy is the most common cause of anaphylaxis outside of the hospital setting.[2, 3, 5] Allergist/immunologists employ diagnostic modalities to confirm the trigger, and use their specific training[1] and clinical experience to educate patients regarding avoidance and immediate management to prevent potentially deadly outcomes.[8]	Diagnostic Indirect outcome (food avoidance, early interventions)
Exercise induced anaphylaxis and food-dependent exercise induced anaphylaxis.	After an anaphylactic reaction that appears to have a significant relationship to exercise, it is crucial to be certain whether exercise is the cause and to determine whether or not a food might be involved.[9-12]	Diagnostic Indirect Outcome (avoidance)
Drug-induced anaphylaxis	Allergists/immunologists use diagnostic agents to confirm the drug responsible for the reaction, if these agents are available (see Drug Allergy section)	Diagnostic

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