

Table 9. Hypersensitivity Pneumonitis (HP)

Referral Guideline	Rationale	Evidence Type
Early referral of patients with suspected hypersensitivity pneumonia to avoid continued environmental exposure resulting in permanent lung injury.	Early accurate diagnosis and removal from further exposure to specific sensitizers carries the best medical prognosis for those with HP. ¹⁻⁴ Allergists are trained and experienced in environmental exposure history, physical exam, as well as clinical and laboratory diagnosis of Hypersensitivity pneumonitis. ⁵	Diagnostic Indirect outcome (avoidance)
Diagnostic consultation in patients found to have non-specific interstitial pneumonia (NSIP).	Histology diagnosis of HP varies from the acute stage, subacute stage, and chronic form. Findings of NSIP should initiate the diagnostic consideration of HP since avoidance of the offending antigen and pharmacologic therapy may result in resolution of the disease or stop the progression of disease. ⁶	Diagnostic Indirect outcome (avoidance and corticosteroids)
Patients with known Hypersensitivity pneumonitis for management.	Allergist/immunologists are specifically trained to evaluate environmental exposures, evaluate immunologic results, treat and follow HP, including oral corticosteroid treatment. ^{5, 7-12}	Indirect outcome (avoidance and corticosteroids)

References:

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