

Anaesthetic Anaphylaxis Referral Form

Following on from a suspected case of anaphylaxis please complete the relevant sections of this form in as much detail as possible. The completed form along with relevant photocopies and a covering letter should be sent to:

Dr Henrietta Dawson

Consultant Anaesthetist

Anaesthetic Drug Allergy Clinic

Anaesthetic Department

Royal Victoria Infirmary

Queen Victoria Road

Newcastle

NE1 4LP

**Copies of the covering letter should be sent to the patient, the patients GP, the surgeon and the Clinical Lead for Anaesthetic Anaphylaxis.**

This is a busy service and therefore if you feel that this referral is of clinical urgency you can follow this referral up with an email to Henrietta.Dawson@nuth.nhs.uk outlining your concerns.

Once testing has taken place you will be notified, in writing, of the results and it is **your** responsibility to ensure that a copy of the results is filed in the case notes and that the ALERT CARD is completed.

|  |
| --- |
| **Patient details** |
| Name |  |
| Address |  |
| Date of birth |  |
| Hospital number |  |
| NHS number |  |
| Telephone |  |

|  |
| --- |
| **Patient’s GP** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

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| --- |
| **Referring clinician (for correspondence)** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

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| --- |
| **Surgeon** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

**Date of the reaction** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Time of onset of reaction (24h clock)** \_\_\_\_\_ : \_\_\_\_\_

**Suspected cause of the reaction** 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed surgical procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was surgery completed? Yes □ No □

If ‘no’, has another date been scheduled? Yes □ No □ When? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Urgency of future surgery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of the reaction**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sign / Symptom** | **Time of onset****(24h clock)** | **Time resolved (24h clock)** | **Severity****(Mild/Moderate/Severe)** |
| Hypotension |  |  | Lowest BP \_\_\_\_\_ / \_\_\_\_\_ mmHg |
| Tachycardia |  |  |  |
| Bradycardia |  |  |  |
| Arrhythmia |  |  |  |
| Bronchospasm |  |  |  |
| Desaturation |  |  | Lowest SpO2 \_\_\_\_\_ % |
| Angioedema |  |  |  |
| Urticaria |  |  |  |
| Flushing |  |  |  |
| Itching |  |  |  |
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**Drugs given *BEFORE* the onset of the reaction**

In addition, please include time of tracheal intubation, LMA insertion, and any other relevant event

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| --- | --- | --- | --- |
| **Drug / Procedure** | **Time over which administered****(‘STAT’ or in min:sec)** | **Time****(24h clock)** | **Route** |
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**Intravenous fluids given *BEFORE* the onset of the reaction** (with approximate start times)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_

**Drugs given *AFTER* the onset of the reaction**

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| --- | --- | --- | --- |
| **Drug / Fluid** | **Time over which administered****(‘STAT’ or in min:sec)** | **Time****(24h clock)** | **Route** |
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**Intravenous fluids given *AFTER* the onset of the reaction** (with approximate start times)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_

**Comments on response to treatment**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Outcome**

Survived? Yes □ No □

Transferred to? Ward □ HDU □ ITU □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anaesthetic techniques and procedures *BEFORE* the onset of the reaction**

**Latex free environment?**  Yes □ No □

**Central venous access**

Time \_\_\_\_\_ : \_\_\_\_\_

Skin prep used ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of CVC used ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was a coated catheter used? Yes □ No □

**Neuraxial blockade**

Spinal □ Epidural □ CSE □ Skin prep used ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Drugs given** | **Time over which administered****(‘STAT’ or in min:sec)** | **Time****(24h clock)** | **Route** |
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**Peripheral nerve blockade**

Type of block(s) ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skin prep used ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Drugs given** | **Time over which administered****(‘STAT’ or in min:sec)** | **Time****(24h clock)** | **Route** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Urethral catheterisation**

Time \_\_\_\_\_ : \_\_\_\_\_

Antiseptic solution ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urethral lubrication / LA ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catheter type (latex, silastic, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skin preparation for surgery and start of surgery**

Time skin preparation \_\_\_\_\_ : \_\_\_\_\_

Skin prep used ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time surgery commenced \_\_\_\_\_ : \_\_\_\_\_ Time surgery completed \_\_\_\_\_ : \_\_\_\_\_

**Investigations performed prior to referral** (please give results if known)

**Were blood samples taken for Mast Cell Tryptase measurement?** Yes □ No □

First sample Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_ Result \_\_\_\_­­­\_

First sample Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_ Result \_\_\_\_­­­\_

First sample Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_ Result \_\_\_\_­­­\_

**Other bloods tests** (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_ Result \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_ Result \_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: It is the anaesthetist’s responsibility to obtain these results from the laboratory**

Was the case discussed at a multidisciplinary meeting? Yes □ No □

Was the case reported to the MHRA via the Yellow Card scheme? Yes □ No □

 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ By whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the completed form to the specialist investigation clinic together with:**

* **Photocopy of the anaesthetic record and any previous anaesthetic records**
* **Photocopy of the prescription record**
* **Photocopy of the recovery-room documentation**
* **Photocopy of any relevant ward documentation**

*Please file a copy of this form in the patient’s case notes and keep a copy for your own records*