

ANAESTHETIC ANAPHYLAXIS REFERRAL FORM (5 pages)

Patient details

Name.....

Date of birth/....../..... Hospital / NHS Number

Address

..... Telephone

Referring consultant anaesthetist (for clinic correspondence)

Name.....

Address.....

.....

Telephone..... Secure Email

Patient's GP (for clinic correspondence)

Name.....

Address.....

.....

Telephone..... Secure Email

Surgeon (for clinic correspondence)

Name.....

Address.....

.....

Telephone..... Secure Email

Date of the reaction...../...../20....

Time of onset of Clinical Features/.....h (24h clock)

Suspected cause of the reaction (most likely first)

1) 2) 3)

Proposed surgical or other procedure:

Was surgery/procedure completed? Yes No

If 'no', has another date for surgery being scheduled? Yes No

Urgency/Date of future surgery.....

TIMELINE 1: Drugs administered in the hour before the reaction. Please include any other relevant exposures, e.g. chlorhexidine, iv colloids, Patent Blue dye

Drugs and other exposures	Time (24 hour clock)	Route of drug administration	Comments

Please continue on a separate page if you need to add more details

TIMELINE 2: Clinical features of the reaction and other relevant events. Please include lowest BP, SpO₂ and expired CO₂.

Clinical Features and Events	Time (24 hour clock)	Comments

Please continue on a separate page if you need to add more details

Neuraxial blockade

Spinal Epidural Epi-spinal

Drug/Procedure	Time (24 hr clock)	Route

Peripheral nerve/regional block

Type of block(s)

Drug	Time (24 hr clock)	Route

- Latex free environment? Yes No
- Chlorhexidine skin prep (by anaesthetist) Yes No Time(s)
- Chlorhexidine skin prep (by surgeon) Yes No Time
- Chlorhexidine medical lubricant gel Yes No Time
- Chlorhexidine-coated intravascular catheter Yes No Time

TIMELINE 3: Drugs and IV fluids given to treat the reaction

Drug /IV fluid	Time (24 hour clock)	Route	Comments on response to treatment

Please continue on a separate page if you need to add more details

CPR REQUIRED? Yes No **Time started/.....h (24h clock)**

Duration of CPR (minutes)

ADVERSE SEQUELAE from this reaction e.g. cardiac, renal, neurological, respiratory, anxiety

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Investigations performed prior to referral (please give results)

N.B. It is the anaesthetist's responsibility to obtain the results from the laboratory

Were blood samples taken for Mast Cell Tryptase? Yes No

First MCT sample Time__:_:___ Date__/_/___ Result.....

Second MCT sample Time__:_:___ Date__/_/___ Result.....

Third MCT sample Time__:_:___ Date__/_/___ Result.....

Other bloods tests:

Test:..... Time__:_:___ Date__/_/___ Result.....

Test:..... Time__:_:___ Date__/_/___ Result.....

Case discussed at a multidisciplinary meeting? Yes No

Reported to the MHRA Yes No

By whom? MHRA Reference Number

Please send the completed form to the allergy clinic together with:

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

Please file a copy of this form in the patient's casenotes