Appendix B:

ANAESTHETIC ANAPHYLAXIS INVESTIGATION PACK CHECKLIST

This pack contains:
1. Instructions on taking three timed blood samples for mast cell tryptase.
2. Template for letter to be given to the patient.
4. Template for letter to be sent to the GP.
5. Referral form to be sent to the allergy clinic.

MAST CELL TRYPTASE SAMPLES

- It is the anaesthetist’s responsibility to ensure the samples are taken, including the 24-hour sample.
- Use tubes for serum sample, e.g. electrolytes (colour coding varies between hospitals).
  Ensure you date and time the tubes. There is no need to refrigerate the samples.
  - 1st sample – as soon as the patient is stable. (Ideally less than 30 mins)
  - 2nd sample – as close to 1–2 hours as possible after the event. (No more than 6 h)
  - 3rd (baseline) – at least 24 hours after the event.
- Phone your local lab (usually Immunology) when you have taken the 2nd sample so they expect a group of 3 samples.

COMMUNICATION AND FOLLOW-UP

- Refer to critical care for continuing care of the patient.
- Record full details of the anaphylaxis and resuscitation in the patient’s medical record.
- Explain to the patient what has happened as soon as practicable and record your conversation in the medical record. Give the patient the completed Patient Letter.
- Ensure the event is reported to your local incident reporting system.
- Contact your Departmental Lead for Perioperative Anaphylaxis for advice.
- If postponed surgery is urgent, refer to the Urgent Surgery Management Plan.
- Complete all parts of the Allergy Clinic Referral Form and send together with photocopies of anaesthetic record and other relevant documentation.
- Inform the patient’s GP using the GP Letter.
- Ensure the event is reported to the MHRA through the Yellow Card system and keep a note of the MHRA Reference Number to update with the Allergy Clinic diagnosis.
- Ensure the patient is followed up for adverse physical and/or psychological effects.