NAP6 Webtool Clinical Guidance Notes – Part A

General guidance

The purpose of these Notes is to assist anaesthetists in reporting cases to NAP6 via the on-line webtool.

These Notes should be read in conjunction with the NAP6 Webtool User Notes which explain how to navigate the webtool, including saving and submitting your report, and can be found HERE.

The webtool is designed to provide the NAP6 team with detailed information about the case. It is important that we obtain a complete dataset and we will be grateful if you ensure that you have answered all the questions before submitting the case. Negative answers are often just as important as positive ones.

It is essential that no patient-identifiable, hospital-identifiable or clinician - identifiable data are reported.

Some questions require answers such as "Yes/No/Not known/Not applicable"; others ask for greater detail. Drop-down menus are used where possible. If some menus do not include your intended answer, please use the "Other" option and enter your answer as free text. When entering free text, to help with subsequent analysis, please try to avoid typographical errors, and use generic drug names.

Assembling all the required information may require discussion with other clinicians, as well as careful review of the case notes. Before accessing the Webtool, you may find it useful to download and print a PDF which shows all the questions you need to answer, found HERE.

Please note that the Webtool has built in logic to reduce the time spent completing it. The PDF includes all questions; some of these will disappear from the Webtool depending on the answers you give. For example, details of caesarian section category will be asked only if the preceding "planned operation" question is answered "Obstetrics". Some drop-down menus appear only in the Webtool and not in the PDF. NB: the PDF is provided only for reference; we cannot accept reports on paper.

The webtool is in 2 parts: **PART A should be submitted as soon as possible after the patient has been discharged from hospital,** so that the questions on Page 23 relating to length of stay in hospital can be answered.

PART B should be completed after the patient has been seen in the allergy clinic (if appropriate), and you have received the letter(s) from the allergy clinic. It is very important that PART B is completed for every case unless clearly inappropriate, for example in fatal anaphylaxis.

You may find it useful to refer to "Frequently Asked Questions" before reporting a case to NAP6, found HERE.

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Page-by page Guidance - PART A

P1 – Inclusion criteria

- This section provides a check against the NAP6 inclusion criteria. Please discuss in confidence with the NAP6 Moderator if you are unsure whether your case fulfills the criteria nap6moderator@rcoa.ac.uk.
- Q1.3 Should be answered "Yes" if any of the anaesthetists involved with the patient's care suspected anaphylaxis.
- Q1.6 The table to which the PDF refers describes severity-grading, found HERE.
- Q1.7 Refers to the hospital where the suspected anaphylactic event occurred. A subset of non-NHS UK hospitals has engaged with NAP6 and we welcome reports of cases from those hospitals; **independent hospitals not on this list are excluded** and you should not submit a report. List of independent hospitals can be found HERE.
- The 5 digit Case ID number obtained from the NAP6 co-ordinator must be entered – the case will not be accepted without it. It is used as a case-identifier throughout the NAP6 process and is essential for linking PART A with the corresponding PART B.

P2 – Demographics and intended conscious level

- Q2.7 Hospitals are required to record patient ethnicity – this information can usually be found via the Patient Administration System used by departmental secretaries. This information will be very valuable; it has been suggested that the incidence and severity of anaphylaxis may be influenced by genetic (and hence ethnic) factors.

P3 – Intervention status

- Q3.1 Refers to the grade of the anaesthetist who administered the anaesthetic/sedation. This anaesthetist is also described in the webtool as the "Index Anaesthetist".
- PA(A) refers to the specific post of Physicians' Assistant (Anaesthesia) http://www.rcoa.ac.uk/anaesthesia-related-professionals/physicians-assistant-anaesthesia
- Q3.4 Planned type of operation. If selecting "Other" please describe the operation as free text, without using acronyms.

P4 and P5 – Medical history and drugs

- This refers to the medical history elicited up to the time of the anaesthetic/sedation. Any additional history elicited at the allergy clinic can be added when you complete PART B.

- Q4.19 If the time elapsed since a previous reaction is not known accurately, please estimate the number of years and enter zeros for the months (also Q5.3).

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P6 – Details of the event

- Q6.1 Refers to the location of the patient at the time anaphylaxis was suspected. This is not necessarily the location where the anaesthetic/sedation was administered.

- Q6.3 Refers to the time at which clinical features suggestive of anaphylaxis first appeared.

- Q6.4 Please enter only one suspected culprit drug/substance. If you suspect several, please enter the single most likely.

- Q6.6 Refers to the first clinical feature of the suspected anaphylactic reaction. This should be an unexpected clinical feature. For example, if hypotension at induction was anticipated as a consequence of co-morbidities, it would not be possible to state that this was the first clinical feature.

P7-12 Drugs/Substances administered during the 120 minutes prior to the first clinical feature of anaphylaxis

- Please record ALL drugs/substances administered during this time period even if they do not appear to be relevant to the suspected anaphylactic reaction.

- Please use the 24-hour clock for recording time of administration.

- Q8.1 Includes opioids administered by any route.

- Q10.1 If the first dose of antibiotic was *intended* to be a test-dose, this should be recorded.

- Q10.4 Please include all local anaesthetic drugs administered via any route.

P13-14 Clinical features and latency

- These time intervals start at the point when the suspected culprit drug/substance was administered, regardless of when anaphylaxis was first suspected.

- Q13.1 Refers to the time interval between administration of the suspected culprit drug/substance and the first clinical feature as recorded in Q6.6.

- Q13.5-13.8 For the purposes of NAP6, cardiac arrest is present if a patient requires CPR.

- Q13.6 The term “prolonged” is necessarily subjective; an episode of hypotension, hypoxia or arrhythmia lasting longer than 5-10 minutes would likely fall into this category, but severity should also be taken into account.

- Q14.1 The 'anaphylactic episode' begins with the first clinical feature (as recorded in Q6.6) and ends when the patient's condition is no longer life-threatening.

- Q14.2, 14.3 'The event' refers to the first clinical feature.

- Q14.4, 14.5 For the purposes of NAP6, the patient would be considered to have died as a result of the incident if, in the opinion of the clinical team, they would have survived if the suspected anaphylactic reaction had not occurred. Please note, do report any information that could lead to identification of the patient or any healthcare professional.

- Q14.8 The 'primary procedure' is the intervention for which the anaesthetic/sedation was administered.

<u>P15 relevant previous allergies</u>

- The purpose of this section is to establish whether eliciting and communicating previous allergies had any bearing on the anaphylactic event.

<u>P16 Immediate clinical management</u>

- Q16.2, 16.3 The definition of 'anaphylactic episode' is the same as above ie the anaphylactic episode finishes when the patient's condition is no longer life-threatening.

- Q16.4-16.13 These questions relate to the 6 hours period following the first clinical feature of anaphylaxis.

<u>P17-21 Drugs administered during resuscitation</u>

- Q17.1-21.6 These questions refer to the 6 hour period following the first clinical feature of anaphylaxis

<u>P22 Fluid management</u>

- 22.1-22.6 Relate to all iv fluids administered during the first hour *after suspecting anaphylaxis*, and during the subsequent 2 hours.

- 22.8 Refers to the clock-time, not the time elapsed since the event.

<u>P23 Post-resuscitation management and transfer</u>

- Q23.1 The period of resuscitation should be considered to finish when the patient's condition becomes stable and is no longer life-threatening, irrespective of whether continuing administration of supportive drugs is needed, for example a continuing infusion of salbutamol or noradrenaline.

- Q23.10 Unplanned total length of stay in hospital. This question is best answered after the patient has been discharged from hospital. The question is not repeated in PART B

P24 Initial investigations

- Q 24.2 This question relates to mast cell tryptase. Please contact the laboratory to obtain as many results as possible before submitting PART A. The question is repeated in PART B so that further results can be entered if appropriate.

P25 Events between the reaction and allergy clinic investigation

- Q25.1 If a decision has been made not to refer the patient to an allergy clinic for further investigation please state this.

- Q25.2 The majority of patients will be referred to an allergy clinic before PART A is submitted. If the patient has not been referred by this time, please give the reason. This could be because a definitive decision has been made not to refer (see above) or, alternatively, that the patient has not been referred for a different reason.

P26 Adverse sequelae

- There is very little published information worldwide concerning the adverse sequelae of perioperative anaphylaxis. Your assistance in eliciting this information will be highly appreciated.

- The questions relate to adverse sequelae present up to the time of discharge from hospital. The questions are asked again in PART B so that any adverse sequelae still present when the patient is seen in the allergy clinic can be recorded.

P27 Allergy clinic referral, hazard warning and event reporting

Q27.2 It is not expected that all referrals to allergy clinics will necessarily be accompanied by an AAGBI referral form. The purpose of this question is to establish the extent of the information provided to the allergy clinic at the time of referral.

Please select "SUBMIT" only when you have answered all the questions in PART A

NAP6 Webtool Clinical Guidance Notes – Part B

General guidance

These notes are intended to provide guidance when completing PART B of the webform. PART B should not be completed until the patient has been seen in the allergy clinic (if appropriate) and the clinic letter has been received by the anaesthetist reporting the case.

More than one allergy clinic visit may be necessary, especially if graded challenge (provocation) testing is needed, for example to explore antibiotic allergy. **Please do not submit PART B until the clinic indicates that no further tests are anticipated.**

PART B allows you to record the allergy clinic's diagnostic pathway, including history, investigations, diagnosis and advice given by the clinic to the patient and anaesthetist.

Several PART A questions are repeated in PART B to provide you the opportunity to update the information. You should see the answers you gave when you submitted PART A on the left of the page, and the corresponding blank questions on the right for you to input additional information if appropriate. If you don't see the answers you gave when submitting PART A, please contact the NAP6 co-ordinator NAP6@rcoa.ac.uk

Allergy clinic letters vary in the amount of detail they provide. For example, some clinics include details of drug concentrations used for skin testing. When inputting the results of skin tests, please ensure that skinprick test results and intradermal test results are recorded on the appropriate page.

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Page-by page Guidance - PART B

P1
Q1.2 The consumption of pholcodine-containing cough medicine has been associated with sensitization to muscle relaxants. If the allergy clinic has provided information please enter it here.

P1-5
Please update as appropriate, using information provided by the allergy clinic and any other sources of information.

P10
Q10.2 If graded challenge tests have been performed, the clinic letter will usually indicate the final dose achieved.

P12
When these questions were asked in PART A, they referred to the *suspected* culprit drug/substance. In PART B, the questions refer to the *actual* culprit drug/substance as determined by the allergy clinic.

P14
The questions on this page permit the anaesthetist to comment on the service provided by the allergy clinic.