

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.
3. Urgent-surgery management plan.
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, eg. 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.

Appendix B2:

LETTER TO THE PATIENT FOLLOWING PERIOPERATIVE ANAPHYLAXIS

[Hospital header]

Date

Patient's name

Patient's address

Medical record number

NHS Number

Dear

You had a suspected severe allergic reaction (anaphylaxis) during anaesthesia on

To find out the cause of the reaction I will refer you to the anaesthetic allergy clinic at:

.....

They will contact you with an appointment - this normally takes a few weeks.

- *If you have not heard in six weeks, or if you have any queries, please contact me (details below).*
- *It is important you attend the allergy clinic to prevent a further severe allergic reaction.*

Until you have attended the allergy clinic, you should avoid all the drugs and other potential causes you were exposed to during the hour prior to the allergic reaction. These include:

- 1) Latex
- 2) Chlorhexidine, including medical, dental and household products
- 3) Anaesthetic drugs (SPECIFY)
- 4) Antibiotics (SPECIFY)
- 5) Analgesics (SPECIFY)
- 6) Other drugs/substances (SPECIFY)

It is important that you show this letter if you have any medical appointments between now and the time of your clinic appointment

I will write to your GP with this information.

Yours sincerely,

Consultant Anaesthetist

Contact phone number.....

Appendix B4:

NAP6 ANAESTHETIC ANAPHYLAXIS REFERRAL FORM (4 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 reaction/.....h (24h clock)

Suspected cause of the reaction

1) 2) 3)

Proposed surgery 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.....

Investigations performed before 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 medical record