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)
 - \circ 2nd sample as close to 1–2 hours as possible after the event. (No more than 6 h)
 - \circ 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 a To find out the cause of the reaction I will refer you to the anaesthetic all	

.....

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 B3:

LETTER TO PATIENT'S GP FOLLOWING PERIOPERATIVE ANAPHYLAXIS

[Hospital header]		Date
[GP's Name and Address]		
Dear Dr		
Your patient Address MRN NHS Number		
Had a suspected severe allergic reac	tion (anaphylaxis) during anaes	sthesia on
He/she has been referred for investigati	on to the anaesthetic allergy clinic	c at
Until the patient has attended the allergy to which they were exposed during the H 1) Latex 2) Chlorhexidine, including medical, der 3) Anaesthetic drugs (SPECIFY)	hour prior to the allergic reaction.	These include:
4) Antibiotics (SPECIFY)		
5) Analgesics (SPECIFY)		
6) Other drugs/substances (SPECIFY)		
1 k · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
I have given the patient a letter providing	g the same information as here.	

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 cloc	k)
Suspected cause of the reaction	
1)	•••
Proposed surgery or other procedure :	
Was surgery/procedure completed? Yes □ No □	
If 'no', has another date for surgery being scheduled? Yes \Box No \Box	

Drugs administered IN THE HOUR BEFORE THE REACTION (including premed). Please include any other relevant events or exposures, e.g. Patent Blue dye

Drug or Event	Time (24 hr clock)	Route of drug administration	Comments

IV Colloids/blood products given BEFORE the onset of the reaction with start times

1	:	2	:
3	:	4	:

Neuraxial blockade

Spinal
Epidural
CSE

Drug/Procedure	Time (24 hr clock)	Route

<u>P</u>	eripheral 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

Drugs and IV fluids given to treat the reaction

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

CPR required	Yes 🗆	No 🗆	Duration of CPR
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Adverse sequelae from this reaction e.g. cardiac, renal, neurological, respiratory, anxiety.....

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 taker	for Mast	Cell	Tryptas	e?	Yes [No 🗆
First MCT sample	Time:		Date	_/	_/	Resu	ult
Second MCT sample	Time:		Date	_/	_/	Resu	ult
Third MCT sample	Time:		Date	_/	_/	Resu	ult
Other bloods tests:							
Test:	Time:		Date	_/	_/	Resi	ult
Test:	Time:		Date	_/	_/	Resi	ult
Case discussed at a multion	disciplinary	/ me	eting?		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