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.