**Appendix A:**

**Recommended content of standard Allergy Clinic letter to the referring clinician following assessment of perioperative anaphylaxis**

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| --- | --- |
| **TYPE OF EVENT** | Allergic anaphylaxis/non-allergic anaphylaxis/not an allergic eventDescription of event detailing exposures |
| **CAUSE OF EVENT** | Culprits identified | List definite culprits |
| Culprits identified | List probable culprits |
| Culprits identified | List possible culprits |
| In non-allergic events | Describe cause, future risk and recommendations |
| Drugs administered which are **unlikely** to be culprits | List |
| Continued harm from event | eg, new anxiety, a change in mood, impaired memory, impaired coordination, impaired mobility, symptoms of PTSD, myocardial damage, heart failure and new renal impairment |
| **INVESTIGATIONS** | Positive tests used – skin prick | List with concentrations |
| Negative tests used – skin prick  | List with concentrations |
| Positive tests used – Intradermal | List with concentrations |
| Negative tests used – Intradermal | List with concentrations |
| Positive sIg E tests | List with results |
| Negative sIg E tests | List |
| Total IgE | Result |
| Summary of tryptase results | Dated and timed results |
| Challenge test results | List, total dose and route of administration |
| **AVOIDANCE** | Drugs/Substances to avoid: Definite | List |
| Drugs/Substances to avoid: Probable | List |
| Cross reactivity with other drugs requiring avoidance | List |
| **SAFE ALTERNATIVES** | **Identified Safe alternatives for each culprit** | **List** |
| *If no clear culprits identified* | Clear statement on future risk and suitable drugs for future use based on a risk assessment |
| **COMMUNICATION** | Copy letter to patient, referring physician/surgeon and GP | Confirmed in letter |
| Hazard warning  | Advised/not advised |
| Statement on MHRA reporting | Reported/ Not reported by clinic with MHRA reference number |
| Additional written information issued | Yes/no and specify content/type/source |