**East Yorkshire Regional Adult Immunology and Allergy Unit**

**Pavels Gordins, MD FRCPath**

Consultant Immunologist

**Sujoy Khan, MBBS FRCP FRCPath**

Consultant Immunologist

**Immunology Specialist Nurses:** Jackie Moor, Beverley Fish, Rebecca Avison, Sarah Sholtysek

**Immunology Secretaries:** Sarah Dawson, Faye Youhill, Siobhan Corlass

Direct Dial: 01482 461312   Fax: 01482 607739

**Suspected Peri-operative Anaphylaxis Referral Form**

**Patient Details:**

Name

Date of Birth Hospital/NHS number

Address

Telephone

**Referring Anaesthetist/Clinician:**

Name

Address

Contact telephone number Fax

Email

**Surgical Consultant at time of event:**

**GP:**

Name

Address

Contact telephone number Fax

**Date of Reaction:** .…../……/….… **Time of Reaction** (24 h clock)**:**  .…. : .….

**Suspected cause of the reaction:**

1) ……………………….. 2) …………………………… 3) …………………………….

**Timing of reaction:**

*Induction Intra-operatively Recovery*

**Proposed Surgical Procedure:** ………………………………………………………………………

**Was surgery completed?**   Yes  No **If no, is surgery urgent?**  Yes  No

**Reaction Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptom/Sign** | **Present** (tick box) | **Onset Time** (24h clock) | **Time Resolved**  (24h clock) | **Severity** (Mild/Moderate/Severe) |
| Hypotension |  |  |  | Lowest BP |
| Tachycardia |  |  |  |  |
| Bradycardia |  |  |  |  |
| Bronchospasm |  |  |  |  |
| Cyanosis or Desaturation |  |  |  | Lowest SpO2 |
| Angioedema |  |  |  |  |
| Urticaria |  |  |  |  |
| Arrhythmia |  |  |  | Rhythm |
| Flushing |  |  |  |  |
| Itching |  |  |  |  |
| Other (specify) |  |  |  |  |
| Other (specify) |  |  |  |  |

**Skin preparation for surgery:** ………………………… **Time** (24h clock)**:** ……………

**Time surgery commenced** (24h clock)**:** ……………………………

**Time surgery stopped/completed** (24h clock)**:** ………………………..

**Procedures performed BEFORE the onset of the reaction:** (Intubation or LMA, peripheral nerve or neuraxial blockade, CVC insertion, urethral catheterisation with or without local anaesthetic etc.)

Neuraxial blockade

Spinal  Epidural  Epi-spinal

|  |  |  |
| --- | --- | --- |
| Drug/Procedure | Time (24 hr clock) | Route |
|  |  |  |
|  |  |  |

Peripheral 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 given BEFORE the onset of the reaction** (including intravenous fluids)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug** | **Time**  (24h clock) | **Time over which given**  (‘STAT’ or in min:sec) | **Route** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Drugs given AFTER the onset of the reaction** (including intravenous fluids)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug** | **Time**  (24h clock) | **Time over which administered**  (‘STAT’ or in min:sec) | **Route** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Response to treatment:**

**HDU/ICU post event?**   Yes  No

**Have tryptase levels been sent?** Yes  No

*Immediate Date…….. Time…….. Value……..*

*Peak (1 to 3 hrs post event) Date…….. Time…….. Value……..*

*Baseline (>24 hrs post event) Date…….. Time…….. Value……..*

*N.B. It is the responsibility of the referring anaesthetist or clinician to obtain the results from the laboratory*

**Any additional information:**

**N.B. The completed form should be accompanied by photocopies of:**

* Anaesthetic record and any previous anaesthetic records;
* Prescription record;
* Recovery room documentation;
* Any relevant ward documentation;
* Any other relevant documents including blood test reports (incl. tryptase values).

*Please file a copy of this form in the patient’s casenotes and keep a copy for your own records.*

**Please send the completed form to:**

|  |  |
| --- | --- |
| Dr Pavels Gordins/Dr Sujoy Khan **OR**  Consultants in Immunology and Allergy  Department of Immunology and Allergy  Queen’s Centre  Castle Hill Hospital  Castle Road  Cottingham  East Riding of Yorkshire  HU16 5JQ  Direct Dial: (01482) 461312 / 61297  Email: [sarah.dawson26@nhs.net](mailto:sarah.dawson26@nhs.net)  [faye.youhill@nhs.net](mailto:faye.youhill@nhs.net) | Dr Caroline Hibbert  Consultant Anaesthetist  Department of Anaesthesia  Castle Hill Hospital  Castle Road  Cottingham  East Riding of Yorkshire  HU16 5JQ  Direct Dial: (01482) 675031  Email: [caroline.hibbert4@nhs.net](mailto:caroline.hibbert4@nhs.net) |