

PATIENT ID LABEL

# ANAESTHETIC ALLERGY TESTING REFERRAL FORM

*(To be completed by Clinicians only)*

**PLEASE NOTE:**

Our department only performs skin testing for anaesthetic drugs and possible theatre allergens in the event there has been a documented suspected anaphylactic reaction. The spectrum of possible allergens tested in our clinic includes IV anaesthetics, some opioids, all muscle relaxants, local anaesthetics, latex, colloid and chlorhexidine. A suitable immunology department should be sought for the testing of minor reactions and other allergens.

Referring doctor:
Contact details:
Procedure being performed:
Date and time of reaction:
Time from last exposure/drug to onset of reaction:

**PRIOR TO THE REACTION, WHICH AGENTS WAS THE PATIENT EXPOSED TO?**

<i>Agent</i>	<i>Brief Detail/Type</i>	<i>Time of Exposure</i>
<input type="checkbox"/> Chlorhexidine		
<input type="checkbox"/> Iodine		
<input type="checkbox"/> Contrast agent		
<input type="checkbox"/> Antibiotic		
<input type="checkbox"/> Latex		
<input type="checkbox"/> Methylene/patent blue		
<input type="checkbox"/> Colloid		
<input type="checkbox"/> Urinary catheter		
<input type="checkbox"/> Dressings/tape/packing		
<input type="checkbox"/> Central line	<input type="checkbox"/> Chlorhexidine coated	
	<input type="checkbox"/> Antibiotic coated	
	<input type="checkbox"/> Inert/plain	
<input type="checkbox"/> Other:		

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## Regular medications:

On anti-histamines prior to event?

No  Yes

## Reaction details:

Tachycardia > 100 bpm prior to adrenaline:  No  Yes

Bradycardia < 60 bpm:  No  Yes

Arrhythmia:  No  Yes

Cardiac compressions:  No  Yes

Cardioversion/Defibrillation:  No  Yes

Hypotension:  No  Yes *Duration systolic 60-80 mmHg:*

*Duration systolic < 60 mmHg:*

Bronchospasm:  No  Yes  Mild  Mod  Severe

Ventilation difficulty:  No  Yes  Mild  Mod  Severe

Cough:  No  Yes

Low O<sub>2</sub> Saturation:  No  Yes *Duration:*

Angioedema (swelling):  No  Yes *Site:*

Flushing/Erythema:  No  Yes  Localised  Generalised

Urticaria:  No  Yes  Localised  Generalised

## Other signs/comments:

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## Treatment given:

Endotracheal intubation:  No  Yes  Before onset

After onset

Airway before onset of event:  Mask  LMA  ETT

Bronchospasm treatment:  No  Yes Agents & dose used:

IV fluids used for resuscitation:  No  Yes Type & volume:

Adrenaline given:  No  Yes Route & dose:

Other vasopressors given:  No  Yes Route & dose:

Steroids given:  No  Yes Agent & dose:

Antihistamines given:  No  Yes Agent & dose:

Other:

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## Investigations:

Serum Tryptase:  No  Yes *Total of 3 samples (5 ml red top tube) at:*

1-2 hours after reaction first noticed

6-8 hours after reaction first noticed

*(NB: to have a baseline tryptase)*

> 24 hours after reaction first noticed

## Outcome:

Procedure discontinued:  No  Yes

Patient transferred to:  PACU  ICU Length of stay:

Further complications *(ECG changes, troponin rise, fibrinolysis, other):*

## Further comments:

**CHECK LIST:**  Form completed

Copy of anaesthetic/resuscitation record

Copy of blood results (tryptase etc)

Copies of supporting documents/investigations/ECG's etc