MidCentral Health

PATIENT ID LABEL

BARCODE AREA

ANAESTHETIC ALLERGY TESTING REFERRAL FORM

Adapted from ANZAAG Australian & New Zealand Anaesthetic Allergy Group referral form

Hand print patient name

Please check patient name, address and telephone number on patient ID label are correct

Patient's email:	
Home phone:	Cellphone:
Referring doctor (name):	Email:
Position: ☐ Anaes consultant ☐ Anaes registrar ☐ GP anaesthetist ☐ Other:	
Phone:	Cellphone:
Postal address:	

Patient medical history:

Please tick relevant conditions: ☐ Pregnant ☐ Asthma ☐ Eczema ☐ Hay fever

☐ Drug allergy *(specify)*

☐ Food allergy *(specify)*

☐ Other allergy *(specify)*

Other medical history:

Current medication:

Tick where patient taking: ☐ Oral steroids ☐ Antihistamines ☐ βblockers ☐ Antidepressants ☐ ACE inhibitors/all receptor antagonist ☐ NSAID

List medications:

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Procedure:

Hospital where reaction occurred:

Date of reaction: Time of induction (24 hour clock):

Time reaction first noted: Date of referral:

Type of anaesthesia: ☐ General ☐ Regional ☐ Local ☐ IV sedation

The patient was exposed to the following medications PRIOR to the reaction (indicate time of exposure):

Agent Administered	Time	Agent Administered	Time

Please tick if the patient was exposed to the agents listed below (indicate time of exposure):	Time
☐ Chlorhexidine ☐ Wipes ☐ Skin prep ☐ Other (specify):	
☐ Skin preparation Type:	
☐ Latex ☐ Gloves ☐ Other (specify):	
☐ Contrast agent Type:	
☐ Methylene Blue ☐ Patent Blue	
☐ Colloid Type:	
☐ Blood products Type:	
☐ Antibiotics Type:	
☐ Central venous line ☐ Chlorhexidine coated ☐ Antibiotic coated ☐ Other:	
☐ Vaginal packing Type:	
☐ Urinary catheter Type:	
☐ Lubricant Type:	
Other	

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Symptoms and Signs of Reaction

Tachycardia >100 bpm: (before adrenaline administered)	☐ Yes	☐ No	
Bradycardia < 60 bpm:	☐ Yes	☐ No	
Arrhythmia:	☐ Yes	☐ No	Type:
Cardiac arrest:	☐ Yes	☐ No	
Hypotension:	☐ Yes	☐ No	Time with systolic < 60 mmHg _____ mins
Cough:	☐ Yes	☐ No	
Bronchospasm:	☐ Yes	☐ No	
	☐ Mild wheeze		☐ Dyspnoea reported by patient
	☐ Moderate wheeze		☐ Difficult to ventilate
	☐ Severe wheeze		☐ Very difficult to ventilate
Low oxygen saturations:	☐ Yes	☐ No	☐ SpO_2 80–90 ☐ SpO_2 < 80
Flushing/erythema:	☐ Yes	☐ No	☐ Localised or ☐ Generalised
Urticaria:	☐ Yes	☐ No	☐ Localised or ☐ Generalised
Piloerection:	☐ Yes	☐ No	
Angioedema:	☐ Yes	☐ No	
Swelling:	☐ Yes	☐ No	Site: Duration:
Other cutaneous signs:	☐ Yes	☐ No	Specify:
Gastrointestinal signs:	☐ Yes	☐ No	☐ Nausea ☐ Vomiting ☐ Abdominal cramps/pain ☐ Other
What was the first symptom you noticed?			
What was the predominant symptom?			
Comments:			

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Details of Treatment

Airway management

Assisted/mechanical ventilation: ☐ Yes ☐ No ☐ Planned ☐ Unplanned

Endotracheal intubation: ☐ Yes ☐ No ☐ Before onset ☐ After onset

Bronchospasm treatment? ☐ Yes ☐ No

Specify agent/s used and dose:

Adrenaline given? ☐ Yes ☐ No ☐ IV ☐ IM ☐ SC ☐ ETT

Total dose administered ..... mcg

IV fluids given to resuscitation? ☐ Yes ☐ No

Specify type/s of fluid and total volume:

Cardiac compressions? ☐ Yes ☐ No How long was CPR performed ..... mins

Cardioversion/defibrillation: ☐ Yes ☐ No Number of shocks .....

Vasopressors other than adrenaline given? ☐ Yes ☐ No

☐ Ephedrine Dose ..... mg ☐ Metaraminol Dose ..... mg

☐ Vasopressin Dose ..... mg ☐ Phenylephrine Dose ..... mg

☐ Noradrenaline Dose ..... mg ☐ Methylene Blue Dose ..... mg

☐ Other (specify):

Steroids given? ☐ Yes ☐ No

Specify steroid use and dose:

Antihistamines used? ☐ Yes ☐ No

Specify antihistamine used and dose:

Did you use the ANZAAG Anaphylaxis Management Resource? ☐ Yes ☐ No

Please comment on any ways in which you think the resource was helpful or could be improved:

Other treatments/comments:

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Investigations

Serum tryptase taken? ☐ Yes ☐ No

Recommended to take 10ml samples at the following times after reaction:

☐ 1–2 hours Result ..... mcg/L ☐ 4 hours Result ..... mcg/L

☐ > 24 hours Result ..... mcg/L

Where possible please attach results to this referral

Which pathology laboratory were the specimens sent to?

Is there a differential diagnosis other than anaphylaxis that you think may have caused the reaction?

Comments:

Outcome/Sequelae

☐ Operation/procedure completed or ☐ Operation/procedure abandoned

Patient transferred to PACU/recovery? ☐ Yes ☐ No

Was patient admitted to hospital? ☐ Yes ☐ No ☐ Tick if admission unplanned

Postoperative care in ICU/HDU: ☐ Yes ☐ No

If yes: Was patient still intubated/ventilated or transfer? ☐ Yes ☐ No Duration .....

Was an ionotrope infusion continued? ☐ Yes ☐ No Duration .....

How long was the patient in ICU? .....

Were there any further complications?

☐ ECG changes ☐ Coagulopathy ☐ Troponin rise ☐ Pneumothorax ☐ Anxiety/PTSD

Other:

Severity of Allergic Reaction

Please specify the grade of allergic reaction from the categories below:

☐ **Grade I – Cutaneous-mucous signs:** Erythema, urticaria with or without angioedema.

☐ **Grade II – Moderate multivisceral signs:** Cutaneous-mucous signs +/- hypotension +/- tachycardia +/- dyspnoea +/- gastrointestinal disturbance.

☐ **Grade III – Life-threatening mono- or multivisceral signs:** Cardiovascular collapse, tachycardia or bradycardia +/- cardiac dysrythmia +/- bronchospasm +/- cutaneous-mucous signs +/- gastrointestinal disturbance.

☐ **Grade IV – Cardiac arrest.**

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Comments:

Please tick to acknowledge that you are aware of the following:

- ☐ You are responsible for forwarding this referral and supporting documents listed to your nearest or preferred ANZAAG member. A contact list of testing specialists can be found at www.anzaag.com
- ☐ A copy of the resuscitation/anaesthetic/PACU charts and tryptase results must accompany this referral.
- ☐ The correct patient details have been supplied to allow follow up with the patient.
- ☐ The patient is aware of the events and this referral. The patient information brochure available at www.anzaag.com may assist with this discussion.
- ☐ The patient has a letter listing all substances administered peri-operatively to show to those providing care until testing can be conducted. A form letter is available at www.anzaag.com to assist in this process.

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