**Anaphylaxis Chart Review Form**

Sentinel Innovation Center’s Scalable NLP Project

8/16/2023

The questions listed here are designed to guide manual chart review for the purposes of determining whether a patient's clinical record supports a determination that the patient actually experienced anaphylaxis on the date of an index encounter (or during any days of an inpatient stay if the index encounter was a hospitalization). Each of these question focuses on one of several clinical events criteria relevant to diagnosing anaphylaxis according to publications in 2006 by Sampson and colleagues[[1]](#footnote-1) and 2019 by Turner and colleagues.[[2]](#footnote-2) For brevity, each question is framed at a high level of abstraction; if chart reviewers are uncertain how to answer a particular question for a particular chart they may consult a clinical expert and/or the two papers cited above.

Answers to these questions may be used to establish whether a particular chart contains sufficient documentation to determine that anaphylaxis was present according to either the 2006/Sampson criteria or the 2019/Turner criteria. If the application of these two sets of clinical events criteria to a chart yield discordant determinations (e.g., one indicates anaphylaxis was present and the other does not) we will use the 2006/Sampson determination as our gold standard label for purposes of evaluation.

1. **Was there an acute onset of the illness?**

Responses: Yes, No, Uncertain

Note: Be generous in interpreting this question. The chart may not use the exact terminology "acute onset" but may contain other information indicating or suggesting that onset was acute.

1. **Was there involvement of the skin and/or mucosal tissue?**

Responses: Yes, No, Uncertain

Note: This may include generalized hives, pruritus or flushing, swollen lips-tongue-uvula, and other types of skin or mucosal involvement.

1. **Was there respiratory compromise?**

Responses: Yes, No, Uncertain

Note: This may include dyspnea, wheeze-bronchospasm, stridor, reduced PEF, hypoxemia, and related symptoms.

1. **Were there any associated symptoms of end-organ dysfunction?**

Responses: Yes, No, Uncertain

Note: This may include hypotonia (collapse), syncope, incontinence, and comparable symptoms.

1. **Were there severe and/or persistent gastrointestinal symptoms?**

Responses: Yes, No, Uncertain

Note: This may include crampy abdominal pain, vomiting, and related symptoms.

1. **Was there an exposure to an allergen the patient was known to be allergic to?**

Responses: Yes, No, Uncertain

Note: An allergen is “known” for a patient if the chart indicates the patient has had an allergic reaction to the allergen in the past (e.g., “Patient was exposed to peanut butter and has a history of allergic reaction to peanuts.”).

1. **Was there an exposure to a likely allergen?**

Responses: Yes, No, Uncertain

Note: An allergen is “likely” if it is known to be capable of causing allergic reactions in some people, regardless of whether it is known to be an allergen for the patient in question.

1. **Was there any documentation of hypotension?**

Responses: Yes, No, Uncertain

Note: Documentation of hypotension may include a narrative description that the patient was hypotensive, a recording or mention of a systolic blood pressure less than 90 mm Hg, or a recording or documentation of more than a 30% decrease in blood pressure relative to the patient’s baseline blood pressure.

1. **Was there any implicit evidence of hypotension or documentation of symptoms associated with hypotension?**

Responses: Yes, No, Uncertain

Note: Implicit evidence includes mention of symptoms likely to be caused by acute hypotension, such as dizziness, lightheadedness, syncope, loss of consciousness, weakness, blurred vision, or fatigue.

1. **Were there bronchospasms?**

Responses: Yes, No, Uncertain

1. **Was there laryngeal involvement?**

Responses: Yes, No, Uncertain

Note: laryngeal involvement includes stridor, vocal changes, odynophagia, and related symptoms.

1. **Was there an explicit, narrative mention in the chart that the patient was diagnosed with anaphylaxis?**

Responses: Yes, No, Uncertain

Note: This requires more than a diagnosis code for anaphylaxis being associated with the encounter; the chart note must explicitly describe the patient as being likely to have anaphylaxis.

1. **Based on your own opinion, does the preponderance of evidence suggest this was a case of anaphylaxis?**

Responses: Yes, No, Uncertain

1. **Did you find it difficult to make a determination for this chart and/or did making your determination require considering complex information?**

Responses: Yes, No, Uncertain

Note: You may respond “Yes” if you had a hard time finding relevant information, or you found the evidence relevant to the determination was complex or involved some sort of complication that rendered the determination difficult to make.

1. **Are you uncertain about your determination for this chart?**

Responses: Yes, No

Note: You may respond “Yes” if you feel you cannot make a determination or if you wish to consult with another reviewer or a clinical expert about this chart.

1. **Optional open-ended comments.**

Note: Please avoid including in your comments personally identifying information about the patient or clinical care team.

1. Sampson HA, Muñoz-Furlong A, Campbell RL, Adkinson NF Jr, Bock SA, Branum A, Brown SG, Camargo CA Jr, Cydulka R, Galli SJ, Gidudu J, Gruchalla RS, Harlor AD Jr, Hepner DL, Lewis LM, Lieberman PL, Metcalfe DD, O'Connor R, Muraro A, Rudman A, Schmitt C, Scherrer D, Simons FE, Thomas S, Wood JP, Decker WW. Second symposium on the definition and management of anaphylaxis: summary report--Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium. J Allergy Clin Immunol. 2006 Feb;117(2):391-7. doi: 10.1016/j.jaci.2005.12.1303. PMID: 16461139. [↑](#footnote-ref-1)
2. Turner PJ, Worm M, Ansotegui IJ, El-Gamal Y, Rivas MF, Fineman S, Geller M, Gonzalez-Estrada A, Greenberger PA, Tanno LK, Borges MS, Senna G, Sheikh A, Thong BY, Ebisawa M, Cardona V; WAO Anaphylaxis Committee. Time to revisit the definition and clinical criteria for anaphylaxis? World Allergy Organ J. 2019 Oct 31;12(10):100066. doi: 10.1016/j.waojou.2019.100066. PMID: 31719946; PMCID: PMC6838992. [↑](#footnote-ref-2)