* The patient’s lower extremities began to swell, and the patient was begun on Hirudin for deep venous thrombosis . The patient’s heparin induced thrombocytopenia became positive and suggests that he is allergic to heparin.
* She had mild worsening of her asthma attacks , which was relieved by Benadryl and occasionally albuterol. The patient found that if she took the aspirin in the evening with her Benadryl that she takes for sleep, the asthma exacerbation did not occur. The drug aspirin can be considered an allergic for this patient. However, this allergy should be tested and proved.
* The patient is allergic to Percodan , which gives him itchiness.
* Allergies: The patient is allergic to cephalosporins, particularly cephalexin
* Allergies :The patient denies any drug allergies, however, remembers one episode of mild allergic reaction to Paracetamol which she isn’t certain.
* Allergies : tetracycline
* Allergies : None
* The patient was rescoped on 10-28 and varices were sclerosed (no banding due to latex allergy )
* The patient experiences some shortness of breath with allergies , particularly to cat fur.
* For 4 weeks, this 32 year old woman has had daily attacks of hives all over her body (urticaria) sometimes associated with swelling of the lips and around the eyes.
* A known peanut allergic child was eating lunch. He developed an acute allergic reaction and there was no known peanut contamination.
* A 2 year old took two bites of a store brought baby finger food and immediately had itching and became covered in a red rash on his body.
* A 19 year old patient had a stung on his hand by a bee or wasp. He rapidly developed local hand swelling and hives appear on his body and he felt faintish.
* A 28 year old female whilst eating a well-cooked tuna steak developed redness and burning over the whole body. Diarrhoea and vomiting rapidly followed.
* A 63 year old male develops large swellings of his lips, face and tongue. He finds these episodes extremely frightening. They can appear at any time without a particular reason, however he feels the episodes are particularly increased in winter.
* A baby, 1 year of age is presented because of a persistent rash on the her face, arms, and legs. The history regarding dietary intake indicates that cow's milk was newly introduced into her diet. Furthermore, the child's mother has a history of asthma and remembers that she drank soy milk as a child because she was allergic to cow's milk.
* A 30 year old patient complaining of difficulty breathing and a pruritic rash. She had been in her usual state of health until the morning of admission. She first noticed the rash and felt feverish over her entire body an hour after sharing a peanut butter and jelly sandwich with her 3-year-old daughter. During the next 30 minutes, she experienced difficulty breathing and felt "swollen," especially around her face.
* The 4-week-old baby boy presented with suspected non-IgE mediated allergy to cows’ milk and associated complex conditions, namely allergy to hydrolysates and multiple food allergies.
* After being introduced to cow’s milk recently, baby M presented with a variety of symptoms including loose stools, vomiting, constipation and feeding issues suggestive of cows’ milk allergy
* 21 year male attends ED midnight before bed ate some bread not eaten before, 1 AM awakes itchy rash all over, nausea and mild diarrhoea, wheezing and difficulty breathing. On examination, angioedema face, lips, tongue, widespread urticaria and audible wheeze was noted.
* A 7 year old boy was presented to ED. He had been well until he was stung on his right forearm, while playing in the yard. He initially complained of localized pain and swelling. Fifteen minutes later, he began to complain of shortness of breath. His parents observed him to be wheezing. He also said that he felt very weak and dizzy.
* A 10-year-old girl has been admitted to hospital with tonsillitis and has received her first dose of intravenous benzylpenicillin. Immediately afterwards she developed a itchy rash and shortness s f breath suggestive of penicillin allergy.
* A three year old boy was brought by his parents for allergy evaluation. He had developed lip swelling and facial rash following the ingestion of a proprietary chocolate bar containing nuts. He had a history of eczema in infancy and was prone to chest infections during the winter months. He was allergy skin tested and found to have allergy to peanuts and certain tree nuts. In addition, he was allergic to grass pollens and dust mites which raised the possibility of asthma. He was given a food allergy management plan and taught to use an adrenalin pen. His parent were given dietary advice on nut avoidance and offered a referral to a nutritionist. He was referred to a respiratory paediatrician who confirmed the diagnosis of asthma and recommended a treatment plan which consisted of dust mite avoidance measures, a preventative inhaler to be taken every day and a reliever inhaler. A follow up visit for allergy tracking was recommended for when he turned 5 years old, before he started in primary school, to determine whether his allergies were still active.
* A 43 year old man was referred by an ENT surgeon. He gave a long history of recurring nasal congestion, sneezing and snoring. He had undergone surgery on his sinuses because of repeated episodes of sinusitis. He was using nasal saline washouts, a topical nasal steroid spray and a regular oral antihistamine. His skin tests showed strong dust mite allergy. House dust avoidance measures were recommended for his bedroom and he commenced on a 3 year course of sublingual immunotherapy with house dust mite allergen. He was well into his second year at his last review. He was continuing to use a nasal steroid spray. His other treatment had been discontinued. He nasal passages were much clearer and he had experienced no further episodes of sinusitis.
* An 8 year old female was referred by her GP for asthma evaluation and possible nasal allergies. Her initial breathing tests were mildly abnormal but they corrected briskly following inhaled Ventolin. Her breath was analysed for nitric oxide and was found to be high. These results suggested that her asthma was not adequately controlled. Allergy skin tests showed strong dust and cat allergy. Her inhaled technique was adjusted, her preventative inhaler was increased, and dust mite avoidance measure recommended. It was recommended that the cat be removed from the household. She was commenced on a steroid nasal spray. At review 8 weeks later things were much improved.
* A 14 year old female was referred for allergy testing in autumn. She had experienced severe hay fever symptoms from April to August of the previous summer. She was taking over the counter antihistamines and a steroid nose spray with only minimal improvement. The antihistamines were making her drowsy in class and her hay fever symptoms were disturbing her night’s sleep. All in all her parent s felt that she had had ‘a miserable summer’. Her allergy skin tests showed exceptionally high grass pollen allergy only. Sublingual immunotherapy was recommended along with a prescription for a non-sedating antihistamine and more potent topical nasal steroid, both to be started in advance of the pollen season.
* 3 year old Louise was helping her Mum bake a cake. She licked the cake mix and immediately developed swelling of her lips and an itchy rash all over. She had previously vomited after eating scrambled eggs. She however had eaten them many times before with not much similar problems.
* 8 year old Miriam gets hives on her skin every day. She has done for the last 3 months. Antiallergens worked for a few hours and the effects then wear off. There do not seem to be any specific triggers, but her parents wants her to be referred for allergy tests to find out what is causing the problem.
* Sam, who is now 8 years old, was given a course of amoxicillin for a throat infection when he was 2 years old. Two days later he developed a red spotty rash. He was diagnosed with a penicillin allergy and told not to take penicillin again.
* 14 year old Anon gets very troublesome hay fever every summer. This is suggestive of grass-pollen associated hay fever. He takes his antihistamines regularly and even uses nose sprays and eye drops. Despite this he can’t go out and play with his friends in summer because of his symptoms. He is not sleeping well and his parents are worried that it is affecting his school work and may impact on his GCSE exam results.
* Immediately after 5 year old Nadin ate peanut butter for the first time he developed hives, lip swelling and became wheezy. However, he did eat cashew nuts and liked Nutella chocolate spread. He had been admitted to hospital twice this year for his asthma.
* A 9-year-old girl presenting with chronic eczema, constant ear, nose and throat infections and poor energy. Allergy test revealed allergies to dairy, chocolate, and oranges.
* 37-year-old man, is looking for a recommendation for treating his runny nose and clear nasal discharge. He says he experiences these symptoms annually around this same time of year, adding that he is also suffering from irritated, itchy eyes and a sore throat. He says the symptoms are so bothersome that they are interrupting his sleep at night and causing daytime drowsiness.
* A 71 year old male was referred to the Allergy clinic because of severe generalized pruritus without a rash of 9 months duration. He had been previously evaluated by several specialists and had been treated with antihistamines and oral corticosteroids without success.
* A 49-yr-old female underwent an elective laparoscopic cholecystectomy. She had allergic rhinitis but was otherwise well. Her preoperative blood pressure (BP) was 140/80. One previous anaesthetic was uneventful. After 2 mg midazolam, 180 mg propofol, and 40 mg of rocuronium, she was intubated and volatile anaesthesia commenced. On transfer to theatre, she became flushed and tachycardic. Her airway pressure increased to >30 cmH2O and BP decreased to 65/40. Anaphylaxis was suspected and was treated with two boluses of 100 µg of i.v. epinephrine, 2 litres of crystalloid, i.v. hydrocortisone 200 mg and chlorphenamine 10 mg. She recovered overnight in the critical care area and was referred for allergy testing.
* A 65-yr-old male had a central venous line inserted under local anaesthesia in theatre. He had no allergic history. Pre-insertion, the anaesthetist applied latex gloves, prepared the skin with alcoholic chlorhexidine, and injected 1% lidocaine. Immediately post central line insertion, the patient became flushed, developed a rash, abdominal pain, sweating, and felt unwell. He was immediately given hydrocortisone 100 mg and chlorphenamine 10 mg.
* Jenny is 12 years old, living at home and has just started secondary school. Jenny suffered from severe eczema as a baby and was diagnosed with allergy to egg and cow’s milk. At the age of 6 Jenny had an anaphylactic reaction and was taken to hospital. Subsequent tests showed that she was also allergic to peanuts. Jenny was prescribed an adrenaline auto-injector (an Epi-Pen) and also has anti-histamines to help control any symptoms if she has a reaction to food. She uses anti-histamines to control her eczema and topical steroids if she has a severe flare up.
* The use of latex gloves in his practice and the pattern of the rash in his hands was suggestive of latex allergy in this patient.
* The patient’s medical history is negative for rashes, changes in skin color, sores or new lesions, and headaches. He complains that he has a constricted airway during his reactions but denies shortness of breath, coughing, and wheezing. He has a history of persistent mild childhood asthma and intermittent adult asthma. He tested positive for seasonal allergies (grasses, trees, and cat dander) but has no history of food or drug allergies. He reports occasional alcohol use and cigar smoking and is up to date on all immunizations.
* This 14-year-old girl presented with a cough that was keeping her awake at night and causing drowsiness during the day. Her nose was constantly running, causing embarrassment and a nasal blockage at night, exacerbating her sleep disturbance. Her eyes were red, itchy and often discharging clear tears.There was a strong family history of atopy. Her father had asthma and hayfever, and her mother had eczema and hayfever. Her siblings had a variety of atopic conditions, including hayfever, asthma and eczema. The patient herself had no history of atopy. The symptoms indicated hayfever.
* The patient has a petechial rash that does not have blisters. They state it began this morning on her chest and has spread through the day to cover most of the upper body and front of their thighs. The rash produces a constant itching. There is no chest tightness, no shortness of breath, and no respiratory involvement.
* Four year old baby, presented two days after receiving her routine diphtheria/tetanus/pertussis (DTPa) four-year-old booster immunisation. She had pain and swelling around her injection site. The pain and swelling had commenced approximately 24 hours after the vaccination was administered suggestive of an adverse event following immunization.
* 12 month old baby presented with fever and a generalised non-urticarial rash. He had received his routine 12-month immunisations (ie measles/mumps/rubella [MMR], 13-valent pneumococcal and meningococcal ACWY vaccines) six days prior to presentation. He was well prior to the immunisations being administered but had developed malaise after five days, with fever and rash developing the morning of presentation. This is suggestive of a late AEFI.
* 2 year old child, was brought to see you for her annual influenza immunisation. She had no significant medical history and had been well. Her examination was normal, and the influenza vaccine was administered as per standard protocols. Within 10 minutes, Saanvi developed generalised urticaria to her arms and torso but remained systemically well.