

Referral

- Mast cell tryptase (red and purple bottles)
- 1 hour, 3-6 hours, 24 hours post reaction
- Store samples in theatre fridge until all samples are collected
- Send samples to Belfast along with completed form giving details of reaction and medical history
- Notify referral to Regional Immunology Service by phone

Procedure for the Notification and Initial Investigation of Suspected Anaphylaxis

Name	
Date of Birth	
Hospital No	
Place addressograph here	

Date of reaction	
Time anaesthetic started	
Time of reaction	
Referring doctor	
Referring Hospital	

Arrange blood sampling as follows:

- Serial 5ml clotted venous blood samples collected at the following times:

Sample 1 <i>Within 1 hour of reaction</i>	Sample 2 <i>3-6 hours post-reaction</i>	Sample 3 <i>24 hours post-reaction</i>
Time:	Time:	Time:

- Store samples in theatre fridge until all samples are collected.
- Send samples accompanied with this form to:

Dr Alistair Crockard
The Regional Immunology Service
Kelvin Laboratories
Royal Group of Hospitals Trust
Grosvenor Road
Belfast BT 12 6BA

- Notify referral to Regional Immunology Service, RGH
Telephone: 028 9063 3853 / 028 9063 2669

- PLEASE GIVE DETAILS OF THE REACTION AND PATIENT'S MEDICAL HISTORY BY COMPLETING THE REMAINDER OF THIS FORM (OVERLEAF).

Nature of surgery		Past medical history	
Was surgery completed?		Allergy history	
Has surgery been re-scheduled? (Please estimate expected date of future surgery)		Regular prescribed medication	

Details of reaction: (Please complete those values you can recall)

Signs and Symptoms	Severity (Please circle)				
Rash	Mild flushing along vein			Urticarial rash on trunk/limbs	
	Generalised flushing			Other (Please specify)	
Tachycardia	Mild	Moderate	Severe	Highest HR	
Hypotension	Mild	Moderate	Severe	Lowest BP	
Cardiac Arrest	YES	NO		Respiratory Arrest (If not using relaxants)	YES NO

Any other comments about reaction:

Please tick those agents to which the patient was exposed during the procedure. Use the spaces provided to add any other agents used including antibiotics and local anaesthetics.

Propofol	Morphine	Suxamethonium	Rocuronium		
Thiopentone	Fentanyl	Atracurium	Vecuronium		
Etomidate	Alfentanil	Cisatracurium	Gelofusine		
Ketamine	Remifentanyl	Mivacurium	Voluven		
Midazolam	Pethidine	Pancuronium	Haemacel		

Calcichexidine
(Please circle) YES NO