

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	Atacurium	Vecuronium		
Etomidate	Alfentanil	Cisatracurium	Gelofusine		
Ketamine	Remifentanyl	Mivacurium	Voluven		
Midazolam	Pethidine	Pancuronium	Haemacel		

Calcichexidine
(Please circle) YES NO

