ANZAAG
Australian & New Zealand Anaesthetic Allergy Group

REFERRAL FORM

PATIENT LABEL

Surname: _____

Given Names: _____

Date of birth: _____ Gender: _____

Address: _____

Record Number: _____

Hand print patient name

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

Patient's Email:

Home Phone: | Mobile:

Referring Doctor (name)**:**

Provider Number:

Position: ☐ Anaes consultant ☐ Anaes Registrar ☐ GP Anaesthetist ☐ Other

Phone: Mobile:

Email:

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/AII Receptor antagonist ☐ NSAID

List medications:

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Hospital where reaction occurred:

Procedure:

Date of reaction (dd/mm/yyyy): Date of referral (dd/mm/yyyy):

Time of induction (HH:mm): Time reaction first noted (HH:mm):

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 & Signs of Reaction

Tachycardia > 100bpm (before adrenaline administered)	Yes	No		
Bradycardia <60bpm	Yes	No		
Arrhythmia	Yes	No	Type:	
Cardiac arrest	Yes	No		
Hypotension	Yes	No	Time with systolic < 60mmHg	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	☐ SpO2 80-90	☐ SpO2 <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 & dose:

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

Total dose administered: mcg

IV Fluids given for resuscitation? ☐ Yes ☐ No

Specify type/s of fluid & 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_____Units ☐ Phenylephrine Dose_____mg

☐ Noradrenaline Dose_____mg ☐ Methylene Blue Dose_____mg

☐ Other (specify):

Steroids given? ☐ Yes ☐ No

Specify steroid used & dose:

Antihistamines used? ☐ Yes ☐ No

Specify antihistamine used & 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 immediately, 1-2 hours, 4 hours and more than 24 hours after reaction:

Please record time samples taken and attach results to this referral (where available)

☐ Sample 1: Time_____Result:_____mcg/L ☐ Sample 3: Time_____Result:_____mcg/L

☐ Sample 2: Time_____Result:_____mcg/L ☐ Sample 4: Time_____Result:_____mcg/L

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

Postoperative care in ICU/HDU? ☐ Yes No

If yes: Was the patient still intubated/ventilated on transfer? Yes No Duration

Was an inotrope 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 (where available) 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 perioperatively 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.

Referrer Signature:

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