UK Anaphylaxis Registry: Paper case report form for A&E and GPs

This form is for staff working in A&E or Primary care settings only. Document ONE reaction per form, for any unintended allergic event in adults and children, irrespective of whether the reaction was anaphylaxis. ALL fields are mandatory. Once completed, please enter data on to the Registry platform (anaphylaxie.net). Remember to for verbal consent and for the patient (or parent/guardian) to provide their email address (needed for them to receive an electronic consent form).

Patient Information	Date of reaction	Patient age	Sex at birth
Verbal consent agreed (Yes/ No)	Patient's email address		

Section 1. About the allergic reaction

1.1 What symptoms occurred? *Please circle all that apply*

Skin and mucosal	None	Angioedema (incl. swollen lips/ face) Erythema/ flush		Pruritus/ itch Conjunctivitis	Urticaria Unknown
Gastrointestinal	None	Abdominal pain/ cramps Abdominal distension	Diarrhoea Dysphagia	Nausea Faecal incontinence	Vomiting Unknown
Respiratory	None	Rhinitis Dyspnoea/SOB Cough	Throat tightness Chest tightness Wheezing (expiratory)	Stridor Vocal hoarseness Laryngeal oedema	Respiratory arrest Unknown
Cardiovascular	None	Dizziness Palpitations/ arrhythmia, Less alert (floppy in babies)	Loss of consciousness Hypotension (collapse) Chest pain/angina	Tachycardia Bradycardia Cardiac arrest	Unknown
Other	Dysarthria Paraesthesia	Hotness Sight disorder	Sweating Feeling of impending doom	Trembling Cyanosis	Tingling/burning of the hands/feet Pallor

Please rate symptom severity from *your* perspective, for each of the following (1=very mild, 10=very severe)

SKIN: ☐ **GUT:** ☐ **ENT:** ☐ **RESP** ☐ **CVS:** ☐ **OVERALL:** ☐

1.2 What do you estimate was the time between allergen exposure and first symptoms? ☐

1.3 Was there a biphasic reaction? ○ No ○ Unknown ○ Yes: how long after initial reaction? **(hrs)** ☐

1.4 For fatal reactions only

Time from exposure to death: ☐

Treatment given prior to arrest? ○ Yes ○ No ○ Unknown **Adrenaline given pre-arrest?** ○ Yes ○ No ○ Unknown

Section 3. Eliciting factors

3.1 Is the suspected allergen known? ○ Yes ○ No ○ Reasonable suspicion

For food allergens only

3.2 Which food caused the reaction? *Specify:*

For drug allergens only

3.3 Which drug caused the reaction? *Specify:*

For other eliciting factors only

3.4 Which other eliciting factor caused the reaction, *please choose one:*

- ○ Insect Venom, *which* ☐
- ○ Latex
- ○ Specific immunotherapy (SIT)
- ○ Exercise as the cause for anaphylaxis, in the absence of any other factor
- ○ Temperature e.g. heat/ cold-induced symptoms
- ○ Other eliciting factors, if not specified above

Section 4. Exacerbating factors and diseases

4.2 Might the following conditions have contributed to reaction severity? *Tick all that apply*

- ☐ An acute infection (e.g., common cold, flu)
- ☐ Physical exercise as co-factor/ exacerbating factor *please circle:* mild/ moderate/ vigorous/ unknown
- ☐ Psychological stress
- ☐ Drugs: *please specify* ☐
- ☐ Menstruation
- ☐ Hormone-based contraception / hormone replacement therapy
- ☐ Alcohol
- ☐ Sleep deprivation
- ☐ Other cofactors: *please specify*
- ☐ None identified / unknown

Section 5. Treatment

Were emergency services contacted? ○999 ○111/NHS direct ○No ○Unknown

5.1 What treatment(s) were used for initial management, and by whom? *Please choose one:*

○ Self-administered ○ Health professional ○ No treatment
○ Family member ○ First lay person followed by health professional ○ Unknown

Drugs given: *Tick all that apply*

☐ Patient's own adrenaline auto-injector
☐ Auto-injector belonging to someone else
☐ Adrenaline by health professional
☐ Antihistamines
☐ Beta2-mimetics, e.g., Salbutamol
☐ Corticosteroids
☐ Fluids i.v.
☐ O_2
☐ Other: Dopamine Glucagon Methylene blue *please circle* iv theophylline oral theophylline
☐ Unknown

5.3 Was a 2nd dose of adrenaline administered?

○ No ○ Yes – one dose
○ Unknown ○ Yes, >1 dose - *how many in total:* ☐

Who administered the second dose? *Choose one:*

○ Self/lay person (auto-injector) ○ Paramedic
○ Health professional ○ Unknown

5.5 Was further treatment needed following stabilisation of initial symptoms? ○Yes ○No ○Unknown

Drugs given: *Tick all that apply*

☐ Adrenaline, *which route* ☐
☐ Antihistamines, *which route* ☐
☐ Beta2-mimetics, *which route* ☐
☐ Corticosteroids, *which route* ☐
☐ Fluids i.v.
☐ O_2
☐ Other: Dopamine Glucagon Methylene blue *please circle* iv theophylline oral theophylline
☐ Unknown

5.6.1 Was the patient admitted to the hospital because of the anaphylaxis reaction?

○ Yes ○ No ○ Unknown ○ Not applicable

Where was the patient admitted to? *Please choose one:*

○ To normal patient ward
○ To short-stay ward/ observation unit
○ Unknown

5.6.2 Was the patient treated in intensive care because of the anaphylactic reaction?

○ Yes ○ No ○ Unknown

Where was the patient treated? *Please choose one:*

○ Intensive care
○ High dependency unit/equivalent
○ Unknown

6 Discharge/ post-acute management

6.1 What advice/ follow-up management was provided following the episode? ○ Known ○ Unknown

If known, *please tick all applicable boxes, at least one per row.* *AAI=adrenaline autoinjector*

	Pt already has	Provided pre-discharge	GP requested to provide	Provided at F/U clinic	Not given
- Advice about potential triggers	☐	☐	☐	☐	☐
- Advice about avoidance	☐	☐	☐	☐	☐
- Emergency Allergy Plan	☐	☐	☐	☐	☐
- Prescription for emergency medication*	☐	☐	☐	☐	☐
- How to use AAI (with "trainer device")	☐	☐	☐	☐	☐
- How to use AAI (no trainer device used)	☐	☐	☐	☐	☐
- Referral for allergen immunotherapy	☐	☐	☐	☐	☐

***6.2 If emergency medication provided, which?**

- Adrenaline auto-injector (AAI)**	☐	☐	☐	☐	☐
- Adrenaline inhaler	☐	☐	☐	☐	☐
- Antihistamines	☐	☐	☐	☐	☐
- Reliever inhaler e.g. Salbutamol	☐	☐	☐	☐	☐
- Corticosteroids	☐	☐	☐	☐	☐

****6.3.1 Which AAI device was prescribed?**

○ Emerade® ○ Epipen® ○ Jext®
○ Anapen® ○ Other ○ Unknown

How many adrenaline auto-injectors were prescribed?

○ One ○ Two ○ More than 2 ○ Unknown