

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
Respiratory	None	Rhinitis Dyspnoea/SOB Cough	Throat tightness Chest tightness Wheezing (expiratory)	Stridor Vocal hoarseness Laryngeal oedema
Cardiovascular	None	Dizziness Palpitations/ arrhythmia, Less alert (floppy in babies)	Loss of consciousness Hypotension (collapse) Chest pain/angina	Tachycardia Bradycardia Cardiac arrest
Other	Dysarthria Paraesthesia	Hotness Sight disorder	Sweating Feeling of impending doom	Trembling Tingling/burning of the hands/feet Cyanosis 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

<p>For food allergens only</p> <p>3.2 Which food caused the reaction? Specify: <input style="width: 90%;" type="text"/></p> <p>For drug allergens only</p> <p>3.3 Which drug caused the reaction? Specify: <input style="width: 90%;" type="text"/></p>	<p>3.4 Which other eliciting factor caused the reaction, please choose <u>one</u>:</p> <p><input type="radio"/> Insect Venom, which <input style="width: 150px;" type="text"/></p> <p><input type="radio"/> Latex</p> <p><input type="radio"/> Specific immunotherapy (SIT)</p> <p><input type="radio"/> Exercise as the cause for anaphylaxis, in the absence of any other factor</p> <p><input type="radio"/> Temperature e.g. heat/ cold-induced symptoms</p> <p><input type="radio"/> Other eliciting factors, if not specified above, which <input style="width: 150px;" type="text"/></p>
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Section 4. Exacerbating factors and diseases

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

<input type="checkbox"/> An acute infection (e.g., common cold, flu)	<input type="checkbox"/> Hormone-based contraception / hormone replacement therapy
<input type="checkbox"/> Physical exercise as co-factor/ exacerbating factor <i>please circle: mild/ moderate/ vigorous/ unknown</i>	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Psychological stress	<input type="checkbox"/> Sleep deprivation
<input type="checkbox"/> Drugs: <i>please specify</i> <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Other cofactors: <i>please specify</i> <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Menstruation	<input type="checkbox"/> None identified / unknown

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Section 5. Treatment

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

5.1 Was any treatment given for initial management, and if so 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

- | | |
|--|--|
| <input type="checkbox"/> Patient's own adrenaline auto-injector | <input type="checkbox"/> Corticosteroids |
| <input type="checkbox"/> Auto-injector belonging to someone else | <input type="checkbox"/> Fluids i.v. |
| <input type="checkbox"/> Adrenaline by health professional | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Antihistamines | <input type="checkbox"/> Other: Dopamine Glucagon Methylene blue |
| <input type="checkbox"/> Beta2-mimetics, e.g., Salbutamol | <input type="checkbox"/> Unknown |
- please circle* iv theophylline oral theophylline

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

- | | |
|--|--|
| <input type="checkbox"/> Adrenaline, which route <input style="width: 100px; height: 20px;" type="text"/> | <input type="checkbox"/> Fluids i.v. |
| <input type="checkbox"/> Antihistamines, which route <input style="width: 100px; height: 20px;" type="text"/> | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Beta2-mimetics, which route <input style="width: 100px; height: 20px;" type="text"/> | <input type="checkbox"/> Other: Dopamine Glucagon Methylene blue |
| <input type="checkbox"/> Corticosteroids, which route <input style="width: 100px; height: 20px;" type="text"/> | <input type="checkbox"/> Unknown |
- please circle* iv theophylline oral theophylline

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 hospital 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

	<u>Pt already has</u>	<u>Provided pre-discharge</u>	<u>Not given</u>
- Advice about potential triggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Advice about avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Emergency Allergy Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Prescription for emergency medication*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How to use AAI (with "trainer device")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How to use AAI (no trainer device used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Referral for allergen immunotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Referral to local allergy service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***6.2 If known, what kind of emergency drugs were prescribed following recovery from the reaction?**

	<u>Pt already has</u>	<u>Provided pre-discharge</u>	<u>Not given</u>
- Adrenaline auto-injector (AAI)**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Adrenaline inhaler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Antihistamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Reliever inhaler e.g. Salbutamol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****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