Anaphylaxis Event Record

(To be completed by a Medical Officer)

Patient details					
Name:			MOH Area:	RDHS Area:	
Age	Date of birth	Sex	Ethnicity	Hospital:	BHT number:
Past allergic history: Has patient had previous allergic reactions? □ Yes □ No If 'Yes', Allergen (Drug/Vaccine/Food/Other) - *specify*?					

Part I: Clinical features						
Date & time of clinical examination: Date(dd/mm/yy) Time : am/pm						
Skin & Mucosa	□ Urticaria □ Erythema □ Pruritus □ Prickle sensation				*Specify* the site of reaction:	
	Eye	□ Red bilateral □ Red unilateral □ Itchy				
	Angioedema	□ Tongue □ Throat □ Uvula □ Larynx □ Lip □ Face □ Limbs □ Other				
Respiratory system	□ Sneezing □ Rhinorrhoea □ Sore throat	□ Hoarse voice □ Stridor	□ Sensation of throat closure □ Cough	□ Tachypnoea □ Difficulty in swallowing □ Rhonchi	□ Wheezing □ Indrawing / retractions □ Chest tightness	□ Grunting □ Cyanosis □ Difficulty in breathing
Circulatory system	BP (mmHg)	□ Measured hypotension	□ Decreased central venous pulse	□ Capillary refill time >3secs	Heart rate (m)	□ Tachycardia
CNS	□ Loss of consciousness		□ Distress	□ Other(*specify*):		
GIT	□ Diarrhoea	□ Nausea	□ Abdominal pain/cramp	□ Vomiting		
Diagnostic Criteria	□ Rapid onset of occurrence of above sign & symptoms			□ Two or more systems are affected		

Part 2: Suspected Product and exposure Information			
Date & Time of drug/vaccine administration: Date(dd/mm/yy) Time : am/pm			
Drug □ Oral □ Parenteral	□ Vaccine	□ Serum	□ Other (*specify*).
Generic name :		Trade name :	
Batch number :	Expiry date :	*For vaccine*: VVM status □ I □ II □ III □ IV □ 1st dose □ 2nd dose □ 3rd dose □ 4th dose	
If diluent used, specify batch number & expiry date:			
If parenteral medicine/vaccine: □ Single dose □ Multi dose		□ Liquid □ Lyophilised	
Route of administration: □ Oral □ IV □ IM □ SC □ ID □ Other(*specify*)			
Site of Administration: □ Deltoid □ Thigh □ Buttock □ Other (*specify*)			
Person who administered: □ Doctor □ Nurse □ PHI □ PHM □ Other (*specify*)			
Place of administration/reaction: □ Hospital □ MOH □ Clinic □ Private Hospital □ GP □ Other(specify)			

Part 3: Management

Was Adrenaline administered? □ Yes □ No

If 'Yes', Route : □ IM □ SC □ IV □ Other (*specify*) Dose:……ml

Place: □ Clinic □ MOH □ Hospital □ Other (*specify*) Time (*of 1st dose*):……am/pm

Person who administered adrenaline: □ Doctor □ Sister/Nurse □ PHI/PHM □ Other

Was a repeat dose of adrenaline given? □ Yes □ No	If 'Yes', describe (*including the time*)
What other medicines were administered? □ Yes □ No	If 'Yes', describe (*including the time*)

Any other details concerning medicines/management (*including CPR*)?

Investigation	Blood taken for mast cell Tryptase: □Yes □ No If 'Yes' specify the time interval after event: (*Note: Serum Tryptase levels peak 60-90 min after the onset of anaphylaxis and persist to 6 h. Therefore It is recommended that blood should be taken between 1 and 2 h after the initiation of symptoms.*)

Part 4: Outcome

Onset of first symptom: Date (dd/mm/yy) Time: …….. am/pm

Outcome: □ Full recovery □ Not fully recovered □ Recovered with sequelae □ Death

Specify details:

Time at outcome (recovery/death) Date (dd/mm/yy) Time: am/pm □ Unknown

Highest impact of Adverse drug event/Adverse Event Following Immunization:

□ Did not interfere with daily activities □ Interfered, but did not prevent daily activities □ Prevented daily activities

Part 4: Any other comment

Details of Reporting Source

Name: Designation: Institute:

Signature Date: Telephone:

Definition: Anaphylaxis is defined as a severe, life-threatening, generalized or systemic hypersensitivity reaction, characterised by rapidly developing life-threatening airway and/or breathing and/or circulation and or gastrointestinal problems usually (not always) associated with skin and mucosal changes.