

ST. JAMES'S HOSPITAL LABMED DIRECTORATE				
Edition No.:	01	Form	Doc No:	DOC378
Authorised By	Nora Purcell	Date: 09.04.2020	Date of Issue: 09.04.2020	

Peri-Operative Drug Reaction Referral Form

Referring Anaesthetist: _____

Date: __/__/__

Consultant contact details for secure transfer of patient data:

1. Secure email:

2. Secure phone number:

3. Secure fax number:

Referring Hospital: _____

Patient Details / Sticker:

Name: _____

DOB: __/__/_____

Address: _____

Referring Hospital Number: _____

Phone number: _____

GP Details: _____

Patient Past Medical History:

Respiratory disease:

Cardiac disease:

Other systems disease:

Regular Medications:

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Previous Anaesthesia History:

Date & time				
Uneventful?	Y/N	Y/N	Y/N	Y/N
Drugs given				

Reaction Details:

Date of episode: ___/___/___

Procedure: _____

Time of onset of symptoms (24hr clock) : ___:___

BP: ___ / ___ mmHg Pulse: ___ bpm SaO₂ : ___% on ___ L O₂

Agents Used:

Please fill in the tables below. If the agent was not used, please write N/A or cross out agent on list. Please fill in name of neuromuscular blocking agent (NMBA), antibiotic, dye, local anaesthetic or 'other' medication, if applicable.

Agent	Dose	Route of Administration	Time(s) Administered (24hr clock)	Given uneventfully afterwards?
Propofol				Yes / No
NMBA:				Yes / No
NMBA:				Yes / No
Fentanyl:				Yes / No
Ondansetron:				Yes / No
Dexamethasone:				Yes / No
Midazolam:				Yes / No

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Other:				Yes / No
Other:				Yes / No
Other:				Yes / No
Other:				Yes / No

Other potential allergens used peri-operatively **including pre-medications & skin preparation:**

Agent	Dose	Route of Administration	Time(s) Administered (24hr clock)	Given uneventfully afterwards?
Chlorhexidine (inc. Instiligel/vascular access tips)	N/A			Yes / No
Betadine	N/A			Yes / No
Latex	N/A			Yes / No
Instillagel				Yes / No
Gelofusin				Yes / No
Intra-operative contrast or dye:	N/A			Yes / No
Antibiotic:				Yes / No
Antibiotic:				Yes / No
Paracetamol				Yes / No
NSAID:				Yes / No
Local anaesthetic:				Yes / No
Other:				Yes/No
Other:				Yes/No

Clinical details of reaction (clinical symptoms/signs, sequence of events):

CPR performed? Yes / No

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What agent does the referring team think is responsible for reaction? _____

Tryptase results:

Time of sample				
Result				

Treatment

Please summarize management including medications used, route of administration and doses given in the space below:

Additional Clinical Details:

Was procedure completed? Yes / No

- If no, does patient require surgery again on an urgent basis? Yes / No

Does the patient have any history of allergy (food or medication)? Yes / No

- If yes, what is the allergy? _____

If testing is positive for NMBA used during the procedure, what are the alternative NMBAs most suitable for use in this patient for any anticipated surgery?

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Please enclose a photocopy of the following notes with this referral form:

- Anaesthetic notes (including induction and vital signs)
- Drug Kardex: pre-operative
- Drug Kardex: post-operative (including drugs given in ITU & any drug infusions)
- Notes from assessment of acute reaction
- Surgical notes & Intra-operative procedure notes
- Discharge summary (from ITU/HDU and from ward)

Please note we can only accept referrals accompanied by complete documentation.

If the required documentation is not received, your referral will be returned. Unfortunately we are not resourced to pursue basic referral information.

Please send on this form and enclosed details to:

Dr. Niall Conlon

Consultant Immunologist

St. James's Hospital

Dublin 8