



SURVEY

It takes about 15 min to fill in the questionnaire.

Anaesthesiologist: Dr. _____

R.I.Z.I.V.-number _____ - _____ - _____ - _____

Hospital: _____

E-mail address _____

1. PATIENT DEMOGRAPHY

Detailed patient identification (to be filled in after printing this document):

Name: _____

First Name: _____

Address: _____

Birth date: ____/____/____

Social Security Number: _____

Patient Initials (Name, First Name): _____

Sex: _____

Age: _____

years

Profession: _____

Weight: _____

kg

Height: _____

cm

Type of intervention:

- | | |
|---|--|
| <input type="checkbox"/> cardiac surgery | <input type="checkbox"/> gynecologic surgery |
| <input type="checkbox"/> thoracic surgery | <input type="checkbox"/> orthopedic surgery |
| <input type="checkbox"/> vascular surgery | <input type="checkbox"/> ENT surgery |
| <input type="checkbox"/> abdominal surgery | <input type="checkbox"/> maxillofacial surgery |
| <input type="checkbox"/> urologic surgery | <input type="checkbox"/> ophthalmic surgery |
| <input type="checkbox"/> laparoscopic surgery | <input type="checkbox"/> trauma surgery |
| <input type="checkbox"/> neurosurgery | <input type="checkbox"/> diagnostic procedure |
| <input type="checkbox"/> spine surgery | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> obstetric surgery | |

Date of reaction: -- -- 2008

2. MEDICAL HISTORY

Cardio-vascular disease?

Cardiac disease? Yes No Unknown

If yes

- valvular
- ischemic
- rhythm
- Other: _____

Vascular disease? Yes No Unknown

Hypertension? Yes No Unknown

Respiratory disease?

Asthma? Yes No Unknown

COPD? Yes No Unknown

Other co-morbidity?

Yes No Unknown

If yes,

please specify:

Chronic drug therapy

Concomitant medication before this intervention/ surgery? Yes No

If yes,

Drug (generic name)	Dose	Frequency	Route	Continued on day of intervention/ surgery?

Does the patient take cough medication? Regularly Occasionally Unknown

3. SURGICAL AND ANAESTHETIC HISTORY

Did the patient have previous interventions/ surgeries under anaesthesia? Yes No Unknown

If yes,

1. Were there any problems during these interventions/ surgeries? Yes No Unknown

If yes,

Was the problem allergic? Yes No Unknown

2. Were muscle relaxants used? Yes No Unknown

4. ALLERGIC HISTORY

Has the patient had fever or an allergic constitution? Yes No Unknown

If yes,

please specify:

Is the patient allergic to antibiotics? Yes No Unknown

If yes,

- Penicillin
- Other (specify):

Is the patient allergic to other drugs? Yes No Unknown

If yes,

please specify the drug and symptoms of the reaction:

Is the patient allergic to latex? Yes No Unknown

If yes,

please specify the symptoms of the reaction:

Is the patient allergic to food or preservatives? Yes No Unknown

If yes,

please specify type of food and symptoms of the reaction:

Is the patient allergic to X-ray contrast media? Yes No Unknown

If yes,

please specify the symptoms of the reaction:

Did the patient ever have problems during dentistry? Yes No Unknown

If yes,

please specify the symptoms of the reaction:

Has any first line family member an allergy history? Yes No Unknown

If yes,

please specify the allergen and the symptoms of the reaction:

5. THE SUSPECTED ANAPHYLACTIC REACTION

A. Drugs and substances used BEFORE the start of the suspected anaphylactic reaction

Please note only drugs and substances given before the start of the suspected anaphylactic reaction.

Premedication:

Yes No

If yes, specify:

- benzodiazepines
- other:

Anaesthesia:

- general anaesthesia
- regional anaesthesia
- local anaesthesia
- sedation

(several choices are possible)

Inhalation anaesthetics: Yes No

Hypnotics: Yes No

If yes, specify:

- Propofol Etomidate Pentothal Ketamine Midazolam
- Other:

Analgesics: Yes No

If yes, specify:

- Sufentanil Fentanyl Remifentanyl Alfentanil Mepiridine Piritramide Morphine Tramadol
- Other:

Muscle relaxants: Yes No

If yes, specify:

- Atracurium Rocuronium Cisatracurium Mivacurium Vecuronium Succinylcholine
- Other:

Local anaesthetics: Yes No

If yes, specify:

- Lidocaine Bupivacaine Levo-bupivacaine Ropivacaine Mepivacaine Prilocaine Cocaine EMLA
- Other:

Was adrenaline added to the local anaesthetics? Yes No

Were other products added to the local anaesthetics? Yes No

Other products

Crystalloids Yes No

Colloids Yes No

If yes, specify:

- Gelatins Starch Dextrans Human Albumin
- Other:

Antibiotics Yes No

If yes, specify:

- Penicillin Cefazolin Metronidazol
 Other:

NSAIDs Yes No

Perfusalgan Yes No

Disinfectants Yes No

If yes, specify:

- chlorhexidine povidon iodine
 Other:

Contact with latex products Yes No

X-ray contrast media Yes No

B. Symptoms and signs of the suspected anaphylactic reaction

Time of induction of anaesthesia is time zero (t0)

Time of injection/application/use (e.g. antibiotic/chlorhexidine/ latex gloves) of (suspected) agent(s) after t0 in minutes:

not applicable min

Time of the reaction after t0 in minutes: not applicable min

Time of skin incision after t0 in minutes: not applicable min

What was the first symptom or sign? (several choices are possible)

Hypotension Tachycardia Cutaneous Bronchospasm Desaturation

Muco-cutaneous symptoms

Itch? Yes No

If yes, generalized?

Rash (Erythema)? Yes No

If yes, generalized?

Urticaria? Yes No

If yes, generalized?

Angioedema? Yes No

If yes, generalized?

Laryngeal edema? Yes No

Cardiovascular symptoms

Angina? Yes No

Lightheadedness/ Faintness/ Syncope Yes No

Hypotension/ Cardiac Arrest? Yes No

Initial Blood Pressure: / / mmHg (Systolic/Diastolic/Mean; e.g. 130/70/100)

Lowest Blood Pressure: / / mmHg (Systolic/Diastolic/Mean; e.g. 60/30/42)

Drop in end-tidal CO2? Yes No

Initial end-tidal CO2: mmHg

Lowest end-tidal CO2: mmHg

ECG changes? Yes No

Tachycardia? Yes No

Initial Heart Rate: beats per min

Highest Heart Rate: beats per min

Bradycardia? Yes No

Initial Heart Rate: beats per min

Lowest Heart Rate: beats per min

New Cardiac conduction changes? Yes No

type:

sinus node block first degree AV block second degree AV block third degree AV block

right bundle branch block left bundle branch block

Other:

(several choices are possible)

New cardiac arrhythmias? Yes No

type:

Sinus arrhythmia Premature atrial contractions Paroxysmal supraventricular tachycardia

Atrial flutter Atrial fibrillation Junctional rhythm Premature ventricular contractions Ventricular tachycardia

Ventricular fibrillation Asystolie

Other:

(several choices are possible)

Ischaemia? Yes No

Respiratory symptoms

Dyspnoea? Yes No

Hoarseness/ Dysphonia? Yes No

Stridor? Yes No

Increase in respiratory resistance? Yes No

Initial peak airway pressure: cmH2O
Highest peak airway pressure: cmH2O

O2-desaturation? Yes No

Initial O2-saturation: %
Lowest O2-saturation: % with FiO2 =

Wheezing? Yes No

Bilateral breath sounds? Yes No Unknown

Pulmonary edema? Yes No

Gastro-intestinal symptoms

Abdominal pain? Yes No

Nausea? Yes No

Vomiting? Yes No

Diarrhea? Yes No

C. Treatment of the suspected anaphylactic reaction

Ephedrine Yes No

Total Bolus Dose = mg
Efficacious? Yes No

Adrenaline IV Yes No

Total Bolus Dose = mg
Efficacious? Yes No
Continuous infusion? Yes No

Adrenaline Endotracheal SC and/or IM Yes No

Total Bolus Dose = mg
Efficacious? Yes No

Steroids? Yes No

H1-Antihistamines? Yes No

H2-Antihistamines? Yes No

Other medication? Yes No

If yes,

Drug (generic name)	Dose	Frequency	Route
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Extra fluids? Yes No

Crystalloids? Yes No
Amount: -- L
Colloids? Yes No
Amount: -- L

Endotracheal intubation necessary? Yes No

External cardiac compressions? Yes No

Duration: -- min

D. Outcome of the suspected anaphylactic reaction

Was the intervention/ surgery cancelled? Yes No

Was intensive care necessary? Yes No

Prolonged mechanical ventilation? Yes No

Number of days: -- days

Prolonged inotropic support? Yes No

Number of days: -- days

Mortality? Yes No

Morbidity? Yes No

If yes, specify:

- neurologic
- cardiac
- other:

6. PRIMARY INVESTIGATION: mast cell tryptase

To measure mast cell tryptase, take 5-7.5 ml of blood in a dry tube (serum tube). The sample needs to be centrifuged. Stability of the sample is 2 days at room temperature, 1 week at 4°C and even longer when the sample is frozen. Mast cell tryptase is best measured approximately 1 hour after the start of the suspected anaphylactic reaction.

Was mast cell tryptase measured? Yes No

Time of sampling after t0 in minutes: -- min

To which lab was the sample sent?

Antwerp:

- UZA: Immunologie, allergologie en reumatologie.
Wilrijkstraat 10, 2650 Edegem (03/8213784).

Louvain:

UZ Gasthuisberg, Laboratoriumgeneeskunde/ Immunologie.
Herestraat 49, 3000 Leuven (016/344700).

Brussels:

Hôpital Erasme, Laboratoires d'immunologie-transfusion et d'hématologie.
(Prof. Mascart, Dr A. Ocmant)
route de Lennik 808, 1070 Bruxelles (02/5553862).

Luik:

CHR Citadelle, Biologie Clinique.
boulevard du 12ème de ligne 1, 4000 Liège (04/2256812)

Other center:

please specify:

7. SECONDARY INVESTIGATION AT MAJOR ALLERGY LABS

Secondary investigation is done at one of the centres below, 4 to 6 weeks after the suspected anaphylactic reaction. Please make an appointment for the patient at one of these centres. At these centres a basal mast cell tryptase, skin tests and sometimes RAST tests and basophil activation tests will be done. The filled-in questionnaire, a copy of the anaesthesia chart and the mast cell tryptase should be available to the centre.

With which allergy centre did you make an appointment?

- UZA:** Dienst Immunologie, Allergologie, Reumatologie: 03/821.35.26
Dienst Kinderallergologie: 03/821.35.26
- AZ Jan Palfijn Gent:** Allergiekliniek (Prof. Dr. D. Ebo): 09/224.71.11
- UZ Gasthuisberg, Leuven:** Afdeling Allergie/Interne geneeskunde: 016/343805
Afdeling Kinderallergologie/Kindergeneeskunde: 016/343991
- UCL Saint-Luc:** Service de Pneumologie (Dr. Pirson, Dr. Pilette) : 02/7642832 et 02/7641902

ULB Erasme: Service d'Anesthesie (Dr. Hennart): 02/5553606

CHNDRF Charleroi: Service d'Anesthesie (Dr Françoise Manuel): 071/281211 et 071/278111

CHR :Hôpital de Warquignies, Boussu: Service de Pneumologie (Dr. Halloy, Dr. Richez): 065/359065

CHR Citadelle, Liège: Service de Pneumologie (Dr. J.L. Grand): 04/2256070

CH du Bois de l'Abbaye et de l'Hesbaye, Seraing: Service de Pneumologie (Dr. H. Simonis): 04/3389800

CHU Sart-Tilman, Liège: Service d'Anesthesie (Centre de la douleur, Dr. Van Den Bosch): 04/ 3667786

CHRN Namur: Service de Pneumologie (Dr. Mairesse, Dr. Ledent): 081/726905 et 081/726637

Date of the appointment: -- -- 2008

8. CONCLUSION

After investigation a letter is written to the involved anaesthesiologist, the general practitioner and the patient. If the patient and the anaesthesiologist agree, the file of the patient could be available in a protected database of the BSAR/ SBAR in case the patient should have future surgery at an other hospital. The protected database is only accessible for anaesthesiologists. Anaesthesiologists are encouraged to update the letter and the file of the patient with the evolution of subsequent anaesthesias. If the patient and the anaesthesiologist agree, the data of the file can also be used for epidemiological reasons (e.g. incidence of anaphylaxis to anaesthetics).

Do patient and anaesthesiologist agree that these data and the data of further investigation are available at a protected database of the BVAR/ SBAR for future use?

Yes No

Do patient and anaesthesiologist agree that the BVAR/ SBAR uses these data and the data of further investigation for epidemiological reasons?

Yes No

THANK YOU FOR YOUR COOPERATION!

Please print this file and send it to one of the major allergy labs:

UZA: Dienst Immunologie, Allergologie, Reumatologie: 03/821.35.26
Dienst Kinderallergologie: 03/821.35.26

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