**Greater Manchester Rapid Access Anaphylaxis Clinic (GMRAAC)**

**REFERRAL FORM**

**Fax form to 0161 291 4057 between 9:00 and 12:00 Monday to Friday**

**and call 0161 291 5444 to confirm receipt**

***ONLY FOR REFERRAL OF PATIENTS PRESENTING TO EMERGENCY DEPARTMENTS WITH SUSPECTED ANAPHYLAXIS***

***Please ensure that suitable patient contact details are available (e.g. reliable telephone number) so that the date and time of the appointment can be communicated effectively.***

***Please ensure all fields are completed.***

***Please fax a copy of the paramedic sheet, ED and/or other relevant medical notes.***

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| **PATIENT DEMOGRAPHICS** |
| **Surname** |  | **Forename** |  |
| **NHS No.** |  | **Date of Birth** | **DD/MM/YY** |
| **Address** |  | **Telephone** |  |
| **GP Name****GP Surgery** |  |
| **Referring Consultant and Trust**  |  |

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| --- | --- | --- |
| **CLINICAL REFERRAL / INFORMATION** | **TICK** |  |
| **Date of presentation** | **DD/MM/YY** | Cutaneous (rash / urticaria) |  | **MILD** |
| **Date of discharge** | **DD/MM/YY** | Angioedema (not laryngeal) |  |
| **Date of referral** | **DD/MM/YY** | GI upset |  |
| **Time of onset** | **HH:MM** | **Tachycardia (>120bpm)** |  | **MODERATE / SEVERE** |
| **Time of initial tryptase** | **HH:MM** | **Hypotension** |  |
| **Time of 1-2 hour tryptase** | **HH:MM** | **Cardiac arrest** |  |
| **Suspected trigger** | **Please write here** | **Wheeze** |  |
| **Stridor / airway compromise** |  |
| **Preceding circumstances / other information** | **Please write here** |

***Patients are only suitable for referral if their presenting features are moderate / severe.***

***If only mild features are present, please ask the patient’s GP to consider referral to their local allergy service.***

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| **Referring Dr** |  | **GMC No.** |  |
| **Contact no.** |  | **Signature** |  |

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**Patient Information to be given to or discussed with the patient before discharge**

**What should you expect from the GMRAAC appointment?**

* A focussed assessment of what happened during the recent reaction
* A review of the documentation from the recent reaction
* An additional blood sample may be required – but this will not be for an allergy test
* Advice on how to manage any future allergy including what to do, when to call for help and how to use anti-allergy medications
* Discussion and advice on avoidance, if a clear trigger is identified
* To plan allergy investigations, if required (allergy investigations cannot be carried out this close to a reaction and are usually carried out no sooner than 4 to 6 weeks after)

**What not to expect from the GMRAAC appointment?**

* Allergy tests will not be carried out at this initial assessment as they are not reliable this close to an allergic reaction
* An extensive review of all possible or past allergies or any other unrelated health problems