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

**REFERRAL FORM**

**Email form to** [**mft.allergycentre@nhs.net**](mailto:mft.allergycentre@nhs.net) **(or fax to 0161 291 4057),**

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

***ONLY FOR REFERRAL OF PATIENTS PRESENTING TO EMERGENCY DEPARTMENTS***

***WITH SUSPECTED ANAPHYLAXIS***

**Requirements** (referrals *will not be accepted* without the below)**:**

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

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| --- | --- | --- | --- |
| **PATIENT DEMOGRAPHICS** | | | |
| **Surname** | Surname | **Forename** | Forename |
| **NHS No.** | NHS No | **Date of Birth** | dd/mm/yyyy |
| **Address** | Address | **Telephone No.** | Telephone |
| **GP Name**  **GP Surgery** | Click or tap here to enter text. |
| **Referring Consultant and Trust** | Click or tap here to enter text. |

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| **CLINICAL REFERRAL / INFORMATION** | | | **TICK** | |
| **Date of presentation** | dd/mm/yyyy | Cutaneous (rash / urticaria) |  | **MILD** |
| **Date of discharge** | dd/mm/yyyy | Angioedema (not laryngeal) |  |
| **Date of referral** | dd/mm/yyyy | 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** | Click or tap here to enter text. | **Wheeze** |  |
| **Stridor / airway compromise** |  |
| **Preceding circumstances / other information** | Click or tap here to enter text. | | | |

***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.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Referring Dr** | Referring Dr | **GMC No.** | Click or tap here to enter text. |
| **Contact number** | Contact number | **Signature** | Click or tap here to enter text. |

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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