Drug allergy/hypersensitivity assessment questionnaire (GP)

You have referred a patient for investigation of drug allergy/hypersensitivity.

Please fill in this questionnaire and email it to [mft.allergycentre@nhs.net](mailto:mft.allergycentre@nhs.net) (address on the last page). Please refer to the example responses on the first row and the notes on the last page. Please use a separate line for each possible *drug reaction* you feel the patient may have had (*i.e.* the same drug can appear more than once, if it was associated with more than one reaction).

**Patient name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of birth:** \_\_\_/\_\_\_/\_\_\_\_\_\_ **NHS number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral status**: Accepted Returned to GP

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| **Date of reaction1** | **Name, route and frequency of administration of drug being taken when the reaction occurred (if on a combination of drugs, give details of all)2** | **During this course of treatment, how many doses of the drug had the patient taken before the reaction started?3** | **What was the interval between the onset of symptoms of a possible drug reaction and the most recent dose of the drug?3** | **Exactly what were the symptoms?4** | **Treatment given** | **How long did the symptoms persist?3**  **Any residual problems?** |
| **EXAMPLE**  3/6/05  (OR: early June 2005) | omeprazole, oral, b.d.  amoxicillin, oral, t.i.d.  metronidazole, oral, t.i.d. | 5 doses omeprazole  7 doses amoxicillin  7 doses metronidazole  (OR: the reaction occurred on the third day of the course) | omeprazole – 5 hours  amoxicillin – 20 minutes  metronidazole – 20 minutes  (OR: within 1 hour of amoxicillin and metronidazole but several hours after omeprazole) | uticarial rash, generalised itch, wheeze |  | 4 hours; no residual problems |
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| **Date of reaction1** | **Name, route and frequency of administration of drug being taken when the reaction occurred (if on a combination of drugs, give details of all)2** | **During this course of treatment, how many doses of the drug had the patient taken before the reaction started?3** | **What was the interval between the onset of symptoms of a possible drug reaction and the most recent dose of the drug?3** | **Exactly what were the symptoms?4** | **Treatment given** | **How long did the symptoms persist?3**  **Any residual problems?** |
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| **Date of reaction1** | **Name, route and frequency of administration of drug being taken when the reaction occurred (if on a combination of drugs, give details of all)2** | **During this course of treatment, how many doses of the drug had the patient taken before the reaction started?3** | **What was the interval between the onset of symptoms of a possible drug reaction and the most recent dose of the drug?3** | **Exactly what were the symptoms?4** | **Treatment given** | **How long did the symptoms persist?3**  **Any residual problems?** |
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The example given in line one represents a patient who had a suspected drug reaction while taking a course of elimination therapy for *Helicobacter pylori.* It would be helpful to keep to this format — fortunately, most suspected reactions are to a single drug and so filling in the table should be simpler than the example shown.

**Notes** (superscript numbers in the column headings):

1. Please be as accurate as possible, but an approximate date is better than none.
2. This refers to the drug or drugs suspected to have caused the reaction (rather than any regular treatment which the patient was able to continue with despite the reaction). Please be specific, e.g. “amoxicillin” or “benzylpenicillin” is much more informative than just “penicillin”. If accurate details of the suspected drugs cannot be given, you should reconsider the reasons for referring the patient.
3. If these details are not known, please say so, but please bear in mind that some information is better than none.
4. Please be specific. In particular, skin rashes are many and varied and it is much more helpful to know that a patient developed an *urticarial*, *eczematous* or *petaechial* rash, rather than just “a rash”. If accurate details of the symptoms can’t be given, you should reconsider the reasons for referring the patient.

**Return to (post or email):**

**Address**: Allergy Centre (F10)

Wythenshawe Hospital

Manchester University NHS Foundation Trust

Southmoor Road

Manchester

M23 9LT

**Telephone**: 0161 291 5802

**Email**: mft.AllergyCentre@nhs.net