COVID-19 vaccination

Idiopathic anaphylaxis assessment questionnaire (GP)

You have referred a patient for advice regarding COVID-19 vaccination due to history of idiopathic/unexplained anaphylaxis.

Please fill in this questionnaire and email it to mft.allergycentrre@nhs.net (address on the last page).

Please use a separate line for each possible *reaction* you feel the patient may have had.

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

**Referral status**: Accepted Returned to GP

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| --- | --- | --- | --- | --- | --- | --- |
| **Date of reaction1** | **Exactly what were the symptoms?****Please give as much detail as possible2** | **Time symptoms took to develop** | **How long did the symptoms persist?3** **Any residual problems?** | **Treatment given, including if paramedics or ED attendance required (please include ED notes if so)** | **Any investigations?** | **Additional comments** |
| **EXAMPLE**3/6/05(OR: early June 2005) | Hives-like rash, widespread, hypotension (lowest BP 80/54 mmHg), wheeze, abdominal cramps | Developed over 15 min  | 4 hours; no residual problems | AdrenalineOrAntihistamines – cetirizineOr None |  |  |
|  |  |  |  |  |  |  |
| **Date of reaction1** | **Exactly what were the symptoms?****Please give as much detail as possible2** | **Time symptoms took to develop** | **How long did the symptoms persist?3** **Any residual problems?** | **Treatment given, including if paramedics or ED attendance required (please include ED notes if so)** | **Any investigations?** | **Additional comments** |
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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. 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.
3. If these details are not known, please say so, but please bear in mind that some information is better than none.

**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