**Suspected Immediate systemic Allergic Reaction to a COVID-19 Vaccine – Clinical Details**

**COVID-19 vaccine:** [ ] Pfizer[ ] AstraZeneca[ ] Other: Click or tap here to enter text.

**Date given:** dd/mm/yyyy **Time given:** hh:mm h

**Date and time of onset of the reaction**

Date: DD/MM/YYYY Time: HH:MM h

**Details of the reaction**

|  |
| --- |
| **SYMPTOMS / SIGNS** (tick all that apply since onset) |
| **SKIN/MUCOSAL TISSUE** | **AIRWAY/BREATHING** | **CIRCULATION** | **GI** | **OTHER** |
| Flushing/erythema | [ ]  | Throat swelling with |  | Tachycardia | [ ]  | Cramping  |  | Itchy-red eyes | [ ]  |
| Itching |[ ]  difficulty breathing |  |  HR \_\_\_\_\_ bpm |  | abdominal  |  | Lacrimation | [ ]  |
| Urticaria | [ ]  | or swallowing / speaking | [ ]  | Dizziness | [ ]  | pain | [ ]  | Itchy nose | [ ]  |
| Angioedema  |  | Stridor | [ ]  | Shock (pale, clammy) | [ ]  | Nausea | [ ]  | Sneezing | [ ]  |
|  | tongue | [ ]  | Voice hoarseness | [ ]  | Decreased conscious |  | Vomiting |[ ]  Clear rhinorrhoea | [ ]  |
|  | lips | [ ]  | Chest tightness | [ ]  | level | [ ]  | Diarrhoea | [ ]  |  |  |
|  | eyelids | [ ]  | Shortness of breath | [ ]  | Collapse | [ ]  | Incontinence | [ ]  | Uterine cramps | [ ]  |
|  | other area(s) | [ ]  | Cough | [ ]  | Dysrhythmia |[ ]   |  | Seizures | [ ]  |
|  | Specify: |  | Wheeze | [ ]  | Hypotension | [ ]  |  |  | Anxiety/panic | [ ]  |
|  |  |  | Tachypnoea | [ ]  |  BP \_\_\_/\_\_\_ mmHg |  |  |  | Sense of  |  |
|  |  |  |  RR \_\_\_\_\_ cpm |  | Chest pain, MI | [ ]  |  |  | ‘impending doom’ | [ ]  |
| **Take photographs of any skin /mucosal reactions** | Hypoxemia | [ ]  | Cardiac arrest | [ ]  |  |  |  |  |
|  |  SpO2 \_\_\_\_\_% |  |  |  |  |  |  |  |
|  | Respiratory arrest | [ ]  |  |  |  |  |  |  |

**Describe details of the reaction** (acute clinical features, history, observation) and relevant **past medical history**

Click or tap here to enter text.

**Treatment given:**

Click or tap here to enter text.

**Take 2 timed blood samples for mast cell tryptase testing as follows:**

**(red top clotted sample tube)**

[ ]  A sample *as soon as possible* after emergency treatment has started (do not delay treatment)

Time taken: HH:MM

[ ]  A second sample ideally *within 1–2 hours* (but *no later than 4 hours*) from the onset of symptoms

Time taken: HH:MM