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

**COVID-19 vaccine:** PfizerAstraZenecaOther: 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