



SURVEY: SUSPECTED PERIOPERATIVE ANAPHYLACTIC REACTION

It takes about 15 minutes to fill in the questionnaire.

Anaesthesiologist: Dr.

RIZIV number:

Hospital:

Email address:

1. PATIENT DEMOGRAPHY

Name: _____

First name: _____

Birth date (DD/MM/JJJJ): ____/____/____

Sex:

- Male Female

Weight and length: _____

2. MEDICAL HISTORY

Cardiac disease

- Yes No Unknown

If yes, please specify

- Valvular Ischemic Rhythm

Vascular disease

- Yes No Unknown

Hypertension

- Yes No Unknown

Asthma

Yes No Unknown

COPD

Yes No Unknown

Other comorbidities

Yes No Unknown

If yes, please specify:

Chronic drug therapy

Yes No Unknown

If yes, please specify medication + dose:

Does the patient take cough medication?

Regularly Occasionally Unknown

3.SURGICAL HISTORY

Did the patient have previous interventions / surgeries under anaesthesia?

Yes No Unknown

If yes, were there any problems during these interventions?

Yes No Unknown

If yes, were these problems allergic?

Yes No Unknown

Were muscle relaxants used?

- Yes No Unknown

4. ALLERGIC HISTORY

Does the patient have hay fever or another allergic constitution?

- Yes No Unknown

Is the person allergic to antibiotics?

- Yes No Unknown

If yes

Penicillin

Other (specify):

Is the patient allergic to other drugs or disinfectant solutions?

- Yes No Unknown

If yes, please specify:

Is the person allergic to latex?

- Yes No Unknown

Is the patient allergic to food or preservatives?

- Yes No Unknown

Is the patient allergic to radiocontrast media?

- Yes No Unknown

If yes on any of the above questions, please specify the allergen and symptoms of the reaction:

5. THE SUSPECTED ANAPHYLACTIC REACTION

Date of the surgery (DD/MM/JJJJ): _____

Time of induction (=T0): _____

Type of the intervention: _____

Was premedication administered?

- Yes
- No

If yes, please specify the type of the drug and the administered dose

5A. ADMINISTERED ANAESTHETIC DRUGS BEFORE THE START OF THE SUSPECTED ANAPHYLACTIC REACTION. PLEASE ANSWER ONLY YES WHEN A PRODUCT IS GIVEN BEFORE THE SUSPECTED ANAPHYLACTIC REACTION!

TYPE OF ANAESTHESIA:

General Regional Local Sedation

INHALATION ANAESTHETICS

Yes No

HYPNOTICS

Yes No

If yes, please specify:

- Propofol Midazolam Etomidate Ketamine
- Pentothal Other

If other, please specify: _____

If other products were added to the hypnotics (such as lidocaine) please specify:

ANALGESICS:

- Yes No

If yes, please specify used analgesics

- Sufentanil Remifentanil Fentanyl Alfentanil
- Morphine Tramadol Piritramide Other

If other, please specify: _____

MUSCLE RELAXANTS

- Yes No

If yes, please specify muscle relaxants:

- Atracurium Mivacurium Succinylcholine
- Rocuronium Cisatracurium Other

If other, please specify: _____

SUGAMMADEX

- Yes No

LOCAL ANAESTHETICS

- Yes No

If yes, please specify local anaesthetics:

- Lidocaine Bupivacaine Levo-bupivacaine
 Ropivacaine Mepivacaine Prilocaine
 Cocaine EMLA Chlorprocaine

If other, please specify: _____

Was adrenaline added to the local anaesthetics? Yes No

Where other products added to the local anaesthetics? Yes No

please specify:

IV-FLUIDS

- Crystalloids Colloids Other

Please specify used colloids:

- Gelatins Dextrans Starch Human albumin

If other, please specify: _____

ANTIBIOTICS

Yes No

If yes, please specify used antibiotic(s)

NSAIDS

Yes No

If yes, please specify used NSAIDS:

PERFUSALGAN

Yes No

DISINFECTANTS

Yes No

If yes, please specify used disinfectant

Chlorhexidine Povidon iodine

Central venous catheter impregnated with chlorhexidine?

If other, please specify: _____

COLOURING DYE?

Yes No

If yes, please specify: _____

CONTACT WITH LATEX (SURGICAL GLOVES, BLADDER CATHETER)

Yes No

RADIOCONTRAST MEDIA

Yes No

If yes, please specify which contrast was used:

OTHER PRODUCTS

Aacidexam

Yes No

Clonidine

Yes No

If any other products were used by anaesthesiologist or surgeon - such as (bladder or vascular) catheters, instillagel, bone cement, (hemostatic) glue, peritoneal washing solutions or local gentamycin applications-, please specify:

5B.SYMPTOMS AND SIGNS OF THE SUSPECTED ANAPHYLACTIC REACTION

How long after induction of anaesthesia (T0) did first symptoms appear? (min) _____

How long after induction of anaesthesia(T0) did the first **respiratory or cardiovascular** symptoms appear?(min)

How long after incision did first symptoms appear? (min)

Did the symptoms appear after the surgery ended?

Yes

No

Mucocutaneous symptoms and signs

Itch?

Yes

No

Urticaria?

Yes

No

Generalised erythema?

Yes

No

A generalised rash that is itchy in the awake patient who has not received epidural/spinal opioids?

Yes

No

Angio-edema?

Yes

No

Angio-edema and taking an ACE-inhibitor?

Yes

No

Respiratory symptoms and signs

Dyspnoea?

Yes

No

Hoarseness or dysphonia?

Yes No

Stridor?

Yes No

Bronchospasm?

Yes, wheezing on auscultation/increased airway pressure

Yes, severe bronchospasm (SaO₂ <85%)

No

Recurrence or worsening of bronchospasm after a further dose of a drug given prior to the initial event

Yes

No

Bronchospasm occurring before airway instrumentation (having excluded airway obstruction)

Yes

No

FiO₂ at the moment of saturation drop? _____ %

Drop in EtCO₂?

Yes

No

Respiratory confounders

Choose any that apply

Respiratory disease associated with reactive airways

Prolonged or multiple attempts at tracheal intubation

Inadequate dose of drugs to obtund airway responses prior to airway instrumentation

None of the above

Cardiovascular symptoms and signs

Angina?

- Yes No

Lightheadedness or syncope?

- Yes No

ECG changes?

- Rhythm abnormalities Conduction abnormalities
 Ischemia none

Hypotension, severe hypotension or cardiac arrest?

- Hypotension (A fall in systolic blood pressure < 70 mmHg or by > 20% from a previous value)
 Severe hypotension (A fall in systolic blood pressure < 60 mmHg or by > 40% from a previous value)
 Cardiac arrest (Requirement for CPR)
 No cardiovascular symptoms

Tachycardia (increase in heart rate of 50% or more from a previously stable value)

- Yes
 No

Bradycardia?

- Yes
 No

A poor or unsustained response of hypotension to standard doses of sympathomimetics used to treat pharmacological hypotension during anaesthesia (e.g., ephedrine, phenylephrine, metaraminol)

- Yes
 No

A point-of-care echocardiogram showing a hyperdynamic and poorly-filled heart

- Yes

- No
- No echocardiogram

Worsening of hypotension after a further dose of a drug given prior to the initial event

- Yes
- No

Cardiovascular confounders

Excessive dose of anaesthetic drug or drugs?

- Yes
- No

Illness predisposing to hypotension?

- Yes
- No

Surgically induced hypovolaemia or relative hypovolaemia from prolonged fasting/dehydration?

- Yes
- No

Neuraxial regional anaesthesia (epidural/spinal)?

- Yes
- No

Onset of hypotension after development of increased peak airway pressure during mechanical ventilation of the lungs?

- Yes
- No

Gastro-intestinal symptoms

Gastro-intestinal symptoms? (choose any that apply)

- abdominal pain
 - Nausea
 - Vomiting
 - Diarrhea
-

5C. TREATMENT OF THE SUSPECTED ANAPHYLACTIC REACTION

Adrenaline?

- Yes
- No

If adrenaline was given, please specify

- Intravenous Intramuscular Endotracheal Subcutaneous

If adrenaline was given, please specify total bolus dose:

Other treatment of the suspected anaphylactic reaction?

- Steroids
- Antihistamines
- Crystalloids (+ amount)
- Colloids (+ amount)
- Other extra fluids (+amount)
- Sugammadex
- Ephedrine
- Phenylephrine

Other drugs? Please specify:

Endotracheal intubation necessary?

Yes

No

Patient was already intubated

Need for cardiac compressions?

Yes

No

7. MAST CELL ACTIVATION

Was an acute serum tryptase level determined?

Yes

No

If yes, how long after the first symptoms of suspected anaphylaxis was the acute tryptase level determined? (min)

Acute serum tryptase level (ng/ml) at 60-90min: _____

At 24 hours: _____

8. OUTCOME

Cancellation of intervention/surgery?

Yes

No

Transfer to ICU?

Yes

No

Morbidity?

Yes No

if yes, please specify

Mortality?

Yes No

THE PATIENT HAS GIVEN CONSENT THAT THIS DATA WILL BE SENT TO ONE OF THE ALLERGY CENTRES MENTIONED BELOW

Yes No

THANK YOU FOR YOUR COOPERATION!

Please print this file and send it to one of the major allergy labs:

UZA: Dienst Immunologie, Allergologie, Reumatologie, Dienst Kinderallergologie (immunologie@uza.be)

AZ Jan Palfijn Gent: Allergiekliniek (Prof. Dr. D. Ebo) (Didier.ebo@janpalfijngent.be)

UZ Gasthuisberg, Leuven: Afdeling Allergie/Interne geneeskunde, Afdeling kinderallergologie/Kindergeneeskunde:
Rik.schrijvers@uzleuven.be

UZ Gent: Dienst Immunologie en Allergologie (Dr. Lapeere: hilde.lapeere@uzgent.be)

UCL Saint-Luc: Service de Pneumologie (Dr. Pirson: francoise.pirson@uclouvain.be)

ULB Erasme: Service d'allergologie (Dr Amaryllis Haccuria -haccuria@skynet.be – Pr Alain Michils - amichils@ulb.ac.be)

Grand Hôpital de Charleroi: Service d'Anesthésie (Dr Françoise Manuel), Pédiatrie (Dr Gabrielle Vieillevoye - gabrielle.vieillevoye@ghdc.be)

CHR: Hôpital de Warquignies, Boussu: Service de Pneumologie

CHR Citadelle, Liège: Service de Pneumologie (Dr Hélène Simonis -helene.simonis@chrcitadelle.be – Dr Maud Deschampheire -maud.deschampheire@chrcitadelle.be)

CH du Bois de l'Abbaye et de l'Hesbaye, Seraing: Service de Pneumologie (Dr Dominique Butenda - dbutenda@yahoo.fr)

CHU Sart-Tilman, Liège: Service de dermatologie (Dr Bita Dezfoulian - bitadezfoulian@msn.com / Pédiatrie – Dr Jean-Paul Sacré - j-p-sacre@skynet.be)

CHRN Namur: Service de Pneumologie (Dr Sophie Anrijs - sophie.anrijs@yahoo.fr / Pédiatrie – Dr Elena Bradatan - ebradatan@yahoo.fr)