Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

Perioperative Anaphylaxis (suspected anaphylaxis) Protocol

Date of Anaphylaxis: (yyyy/mm/dd) _____

Potential Triggers (medications or exposures):

☐ Chlorhexidine ☐ Latex

Antibiotic:_____

Muscle Relaxant:_____

Other Medications:_____

Clinical Signs:

☐ Hypotension ☐ Rash or Hives ☐ Bronchospasm ☐ Gastrointestinal Symptoms

Other: _____

Details: _____

Treatment:

☐ Epinephrine ☐ Bronchodilator ☐ Steroid ☐ Histamine Antagonist

Other: _____

Details: _____

Management Plan:

☐ Serum Tryptase drawn (4-6 hours post event)
Result will be followed up by Dr. _____

☐ Referral to Dr. Anne Ellis/Dr. Rozita Borici-Mazi (6-8 weeks post event), FAX number: 613-546-3079

☐ Pharmacy contacted for allergy flag in Patient Care System

☐ Communication with patient (provided with copy of this document)

☐ Copy of this document with anesthesia record for patient chart

_____

Name (Printed) Designation Signature Date (yyyy/mm/dd) Time (hhmm)