# Suspected anaphylaxis event following administration of COVID-19 vaccines: minimum dataset required

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| **Reporter Details** |
| Name |  | Role |  |
| Telephone |  |
| Email |  |

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| **Service Provider** |
| Name of service provider |  | Type of Provider *(eg. vaxx centre, trust, GP)* |  |
| Date of Vaccination |  | Make of vaccine |  |
| Batch no: |  | Dose number (1/2) |  |
| Date of report to RVOC |  | Incident Code / RVOC Code |  |
| Notified to MHRA?/Yellow Card  | [ ] Yes [ ] No | MHRA record no: |  |

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| **Patient Details** |
| Last Name: |  | First Name(s): |  |
| DOB: |  | Sex: |  |
| NHS No: |  |

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| **Symptoms (tick all symptoms that were present)** |
| Date of onset of reaction |  |
| Time from vaccine to onset of symptoms |  |
| **Airway & Breathing** | **Circulation** | **Skin / mucosal changes** |
| [ ] Stridor (inspiratory)[ ] Upper airways swelling [ ] Bilateral wheeze[ ] Respiratory distress (2 or more of tachypnoea, use of accessory respiratory muscles, recession, cyanosis, grunting)[ ] Difficulty breathing without wheeze or stridor[ ]  Persistent dry cough[ ]  Throat tightness[ ] Hoarse Voice | [ ]  Documented hypotension[ ]  Shock (at least 3 of tachycardia, capillary refill >3secs, reduced central pulse volume, decreased conscious level)[ ]  Reduced peripheral circulation(at least 2 of tachycardia, Cap refill >3secs without hypotension, Confusion, decreased conscious level) | [ ] Generalised urticaria (hives)[ ] Generalised erythema[ ] Localised angioedema[ ] Generalised angioedema[ ] Generalised itch without skin rash[ ] Generalised “prickle” sensation[ ] Urticaria limited to injection site[ ] Red, itchy eyes |
| **Any other symptoms:**[ ] Diarrhoea[ ] Abdominal pain / Nausea / Vomiting[ ] Rhinitis (hay fever symptoms)Other: |

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| **Treatment Given (tick all that apply)** |
| IM Adrenaline | [ ]   | Total number of doses of IM adrenaline given: |  |
| IV Adrenaline infusion | [ ]   |  |  |
| IV Fluids | [ ]  | Total volume given: |  |
| Oxygen | [ ]  |  |
| Chlorphenamine (chlorpheniramine) / other antihistamines | [ ]  |
| Hydrocortisone / other steroids | [ ]  |
| Required hospitalisation | [ ] Yes [ ] No |
| If any other treatment given, please give details |  |

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| **Any previous allergic reaction?** [ ] Yes [ ]  No If yes, please give further details below. |
| **Allergen (state if allergen unknown)** | **Previous anaphylaxis to this allergen? (Y/N)** |
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| **Any other significant past medical history? Please give details below**  |
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| Any history of “mast cell disease” | [ ] Yes [ ] No |

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| **Investigations** |
| Has mast cell tryptase been collected?[[1]](#footnote-1)  | [x] Yes [ ] No |

1. Resuscitation Council UK guidelines (2008) state that mast cell tryptase should be collected at the following timepoints:

	1. Minimum: one sample at 1-2 hours after the start of symptoms.
	2. Ideally: Three timed samples:
		1. Initial sample as soon as feasible after resuscitation has started – do not delay resuscitation to take sample.
		2. Second sample at 1-2 hours after the start of symptoms
		3. Third sample either at 24 hours or in convalescence (for example in a follow-up allergy clinic). This provides baseline tryptase levels - some individuals have an elevated baseline level.Serial samples have better specificity and sensitivity than a single measurement in the confirmation of anaphylaxis. [↑](#footnote-ref-1)