ANAPHYLAXIS FOLLOWING FOOD INGESTION IN CHILDREN
Australian Paediatric Surveillance Unit

Please ring Dr Ana Dosen on (02) 9382 1515 if you have any problems with this form. Thank you for your time.

REPORTING CLINICIAN

1. APSU Dr Code/Name ☐☐☐☐ /…… 2. Month/Year of Report …..… / ……

PATIENT

3. First 2 letters of first name ☐☐ 4. First 2 letters of surname ☐☐
5. Date of Birth: ☐☐ / ☐☐ / ☐☐ 6. Sex M ☐ F ☐
7. Postal code ☐☐☐☐ 8. Date of diagnosis ☐☐ / ☐☐ / ☐☐

If this patient is primarily cared for by another physician who you believe will report the case, please complete the questionnaire details above this line and return to APSU. If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire.

Please keep the patient's name and other details in your records for future reference

Instructions: Please answer each question by placing a tick in the appropriate box or writing your response in the space provided. DK=Don't Know

DETAILS OF PRESENTATION WITH ANAPHYLACTIC REACTION TO FOOD

9. Did the patient experience any of the following symptoms? Please respond to all items.

a.Rash (urticaria/hives)	☐ Yes	☐ No	☐ DK	i.Cyanosis	☐ Yes	☐ No	☐ DK
b.Facial angiodema	☐ Yes	☐ No	☐ DK	j.Chest pain	☐ Yes	☐ No	☐ DK
c.General pruritis	☐ Yes	☐ No	☐ DK	k.Cardiovascular shock	☐ Yes	☐ No	☐ DK
d.Oral pruritis	☐ Yes	☐ No	☐ DK	l.GIT symptoms (vomiting/abd pain)	☐ Yes	☐ No	☐ DK
e.Dysphonia	☐ Yes	☐ No	☐ DK	m.Floppy/lethargic	☐ Yes	☐ No	☐ DK
f.Stridor	☐ Yes	☐ No	☐ DK	n.Sense of impending death	☐ Yes	☐ No	☐ DK
g.Wheezing	☐ Yes	☐ No	☐ DK	o.Previous similar episode	☐ Yes	☐ No	☐ DK
h.Dyspnoea	☐ Yes	☐ No	☐ DK				

10. What was the probable allergen?

☐ egg ☐ milk/dairy ☐ peanut ☐ tree nuts (eg almond, cashew) ☐ fish ☐ shellfish ☐ sesame
☐ wheat ☐ soy ☐ DK ☐ other, please specify……

With reference to the probable allergen, please complete the following:

11. Was this the first known reaction to the potential allergen? ☐ Yes ☐ No ☐ DK

12. If this was NOT the first reaction to the allergen, was the exposure accidental ie parent/carer was unaware that the child would react to the food/ unaware the allergen was in food? ☐ Yes ☐ No ☐ DK

13. What was the time from ingestion to reaction? ☐ <5 mins ☐ 5-15 mins ☐ 15-30 mins ☐ 30-60 mins ☐ >60 mins ☐ DK

14. How much food was ingested? ☐ taste/mucosal contact only ☐ portion of meal ☐ full meal ☐ DK

15. Where did the exposure occur? ☐ home ☐ preschool ☐ school ☐ restaurant ☐ DK ☐ other, please specify……

CLINICAL FINDINGS

16. Please specify the clinical findings at presentation:

a) Pulse……..… bpm ☐ DK c) Resp rate……..…bpm ☐ DK
b) BP……..……...mmHg ☐ DK d) O2 saturation……..….% ☐ DK

MANAGEMENT

17.Prior to presentation to hospital did the patient receive any of the following? Tick all that apply.

a) oral antihistamines ☐ Yes ☐ No ☐ DK c) ambulance transfer ☐ Yes ☐ No ☐ DK

b) Epi-Pen/adrenaline ☐ Yes ☐ No ☐ DK d)Other (specify)……..……

18.After presentation to hospital, did the patient receive any of the following? Please respond to all items.

a.Face mask O2	☐ Yes	☐ No	☐ DK			
b.Adrenaline sub/cut	☐ Yes	☐ No	☐ DK	IF YES, ☐ 1/10,000	or ☐ 1/1000	
c.Adrenaline IM	☐ Yes	☐ No	☐ DK	IF YES, ☐ 1/10,000	or ☐ 1/1000	
e.Adrenaline IV	☐ Yes	☐ No	☐ DK	IF YES, ☐ 1/10,000	or ☐ 1/1000	
d.If anyAdrenaline injected, was a second dose given?	☐ Yes	☐ No	☐ DK	☐ Not applicable		
f.Adrenaline nebulised	☐ Yes	☐ No	☐ DK			
g.Corticosteroid IV	☐ Yes	☐ No	☐ DK			
h.Corticosteroid oral	☐ Yes	☐ No	☐ DK			
i.Antihistamine	☐ IV	☐ IMI	☐ Oral	☐ No	☐ DK	
j.Salbutamol nebulised	☐ Yes	☐ No	☐ DK			
k.Bolus IV fluid	☐ Yes	☐ No	☐ DK			
l.Maintenance IV fluid	☐ Yes	☐ No	☐ DK			
m.Intubation	☐ Yes	☐ No	☐ DK			
n.Cardiopulmonary resuscitation	☐ Yes	☐ No	☐ DK			

19 Where was the patient observed/admitted?

☐ Emergency department ☐ Hospital ward ☐ Other (specify)……..…… ☐ DK

20. What was the duration of observation/ admission ☐ <4 hours ☐ 4-8 hours ☐ > 8 hours ☐ DK

21. What was the outcome of the reaction? ☐ recovery ☐ biphasic response* ☐ death ☐ DK

**Biphasic response = initial improvement with recurrence of symptoms 4-6 hours later.*

22. What follow-up arrangements were made?

☐ LMO/GP ☐ Paediatrician's rooms ☐ Allergist/Immunologist rooms ☐ Allergy clinic ☐ none ☐ DK

23. Has the potential allergen been confirmed by standard allergy testing?

☐ Yes, by skin prick test ☐ Yes, by RAST ☐ No ☐ DK

24. If this was the first episode, was Epi-Pen or Epi-Pen Jr prescribed on discharge? ☐ Yes ☐ No ☐ DK

25. IF YES to 24, were written instructions for Epi-Pen provided to parents/cares? ☐ Yes ☐ No ☐ DK

26. IF YES to 24, were other carers/teachers given instructions in the use of Epi-Pen? ☐ Yes ☐ No ☐ DK

27. Had Epi-Pen previously been prescribed for the child? ☐ Yes ☐ No ☐ DK

28. Was a MedicAlert bracelet recommended for the child? ☐ Yes ☐ No ☐ DK

29. Does the child have a history of any of the following allergic/atopic symptoms?

b) asthma ☐ Yes ☐ No ☐ DK c) rhinitis ☐ Yes ☐ No ☐ DK

c) eczema ☐ Yes ☐ No ☐ DK d) urticaria ☐ Yes ☐ No ☐ DK

Any additional information/comments:

Please return this questionnaire in the addressed reply-paid envelope.

Thank you for your help with this study

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