Royal Cornwall Hospitals
NHS Trust

Actions Following an Anaphylactic Reaction During Anaesthesia Clinical Guideline

V2.0

April 2025

Summary

Guidance for staff on how to process events following an anaphylactic reaction under anaesthesia.

1. Aim/Purpose of this Guideline

1.1. Nursing, medical staff and Allied health care professionals.

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Following a suspected anaphylactic reaction during anaesthesia it is important that hospital records, the patient's GP and patients themselves, (or carers), are updated as the events and suspected causes. Formal investigation of the reaction is usually undertaken at around one month after events for clinical reasons.

2.2. In the interim electronic records, hospital notes and the GP records must be updated with warnings. The patient should also be given written information to carry. These measures reduce the risk of a subsequent reaction if the patient presents for medical treatment prior to allergy follow up. It also improves the quality of the information available for the service investigating the reaction. It is the responsibility of the clinician treating the reaction to ensure that these steps occur to improve patient safety. (More information can be found in NICE guideline CG1831).

2.3. Once the patient has been stabilized following the reaction:

2.3.1. Take Mast Cell Tryptase sample as soon as is possible – yellow bottle, biochemistry form. Mark form Tryptase for "Anaphylaxis under GA".

2.3.2. Organise subsequent samples at 2hrs and 24hrs. If penicillin or chlorhexidine are involved please add "IgE to chlorhexidine" or "IgE to penicillin derivatives" on the 24 hr blood form, (as appropriate).

2.3.3. Place included “Alert” sticker on the patient’s medical notes. On the inside of the front cover write: “Suspected Anaphylaxis during GA on (date). Exposed to (list drugs, antiseptics, latex, central line etc) prior to reaction. Referred for investigation”.

2.3.4. Contact Dr Ruth Taylor: ruth.taylor.28@nhs.net who will update the allergy information on EPMA.

2.3.5. Fill in template letter for patient to carry in case medical treatment is required prior to investigation of the reaction. Keep with the patient’s notes and give to the patient on discharge.

2.3.6. Fill in template letter informing patients GP of the reaction. Give to surgical team to include with discharge letter.

2.3.7. Print out and complete the Anaphylaxis Referral Form. This plus a copy of the anaesthetic chart, recovery or ITU charts (as applicable) should be either scanned and emailed to;

- plh-tr.PlymouthAnaestheticAllergyService@nhs.net
- Or printed and sent to:

  Anaphylaxis clinic.

  C/O Anaesthetic Dept United Hospitals Plymouth NHS Trust.

  Derriford Road.

  Crown Hill.

  Plymouth.

  Devon.

  PL6 8DH.

  References: http://www.nice.org.uk/guidance/CG183

2.4. ANAESTHETIC ANAPHYLAXIS INVESTIGATION PACK CHECKLIST

This pack contains:

1. Instructions on taking three timed blood samples for mast cell tryptase.
2. Template for letter to be given to the patient.
3. Urgent-surgery management plan.
4. Template for letter to be sent to the GP.
5. Referral form to be sent to the allergy clinic.

2.5. MAST CELL TRYPTASE SAMPLES

2.5.1. It is the anaesthetist's responsibility to ensure the samples are taken, including the 24-hour sample.

2.5.2. Use tubes for serum sample, eg. electrolytes – yellow toped tube.

2.5.3. Ensure you date and time the tubes. There is no need to refrigerate the samples.

- 1st sample – as soon as the patient is stable. (Ideally less than 30 mins).
- 2nd sample – as close to 1–2 hours as possible after the event. (No more than 6 h).
- 3rd (baseline) – at least 24 hours after the event.

2.5.4. Phone your biochemistry when you have taken the 2nd sample so they expect a group of 3 samples.

2.6. COMMUNICATION AND FOLLOW-UP

2.6.1. If required refer to critical care for continuing care of the patient.

2.6.2. Record full details of the anaphylaxis and resuscitation in the patient's medical record.

2.6.3. Explain to the patient what has happened as soon as practicable and record your conversation in the medical record. Give the patient the completed Patient Letter.

2.6.4. Ensure the event is reported on DATIX.

2.6.5. Email Ruth Taylor – ruth.taylor28@nhs.net Anaphylaxis lead with patient details and summary of event.

2.6.6. Complete all parts of the **Allergy Clinic Referral Form.**

2.6.7. Inform the patient's GP using the **GP Letter**.

2.6.8. Ensure the event is reported to the MHRA through the Yellow Card system and keep a note of the MHRA Reference Number to update with the Allergy Clinic diagnosis.

2.6.9. Ensure the patient is followed up for adverse physical and/or psychological effects, give them the anaesthetic department telephone number as a point of contact if they have further questions or concerns.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	All of the process.
Lead	Dr Ruth Taylor.
Tool	Audit.
Frequency	Yearly audit.
Reporting arrangements	Anaesthetic Governance – ACCT. Minuted meeting.
Acting on recommendations and Lead(s)	Anaesthetic Consultant, Dr Ruth Taylor.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within the Anaesthetic Governance minuted meeting. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Actions Following an Anaphylactic Reaction During Anaesthesia Clinical Guideline V2.0
This document replaces (exact title of previous version):	Actions Following an Anaphylactic Reaction During Anaesthesia Clinical Guideline V1.0
Date Issued/Approved:	14 April 2025
Date Valid From:	April 2025
Date Valid To:	April 2028
Directorate/Department responsible (author/owner):	Dr Ruth Taylor, Consultant Anaesthetist
Contact details:	01872 258195
Brief summary of contents:	Actions to be taken following an anaphylactic reaction under anaesthetic, letters to patient/GP
Suggested Keywords:	Anaphylactic, Anaphylaxis.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	ACCT Care Group Sign approval
Manager confirming approval processes:	Doug Riley General Manager
Name of Governance Lead confirming consultation and ratification:	James Masters
Links to key external standards:	None
Related Documents:	None
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet

Information Category	Detailed Information
Document Library Folder/Sub Folder:	Clinical / Anaesthetics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
4 January 2022.	V1.0	Initial issue	Dr Ruth Taylor, Consultant Anaesthetist.
8 April 2025	V2.0	Confirmed extension without change.	Dr Ruth Taylor, Consultant Anaesthetist.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Actions Following an Anaphylactic Reaction During Anaesthesia Clinical Guideline V2.0
Directorate and service area:	Anaesthetics, ACCT
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Dr Ruth Taylor, Consultant Anaesthetist.
Contact details:	01872 258195

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Medical, nursing staff and allied healthcare professionals.
2. Policy Objectives	Clear instructions on process to be taken following an anaphylactic reaction.
3. Policy Intended Outcomes	Patient safety, identifiable process of alerts for patient, GP and staff.
4. How will you measure each outcome?	Review of process and audit.
5. Who is intended to benefit from the policy?	Patients and staff

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** ACCT Care group, Anaesthetic Department.
6c. What was the outcome of the consultation?	Approval of guidelines.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Dr Ruth Taylor, Consultant Anaesthetist.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis