

**Anaphylaxis hospital discharge proforma (PAEDIATRIC)**

**Discharge date:**

**Weight (kg) & date:**

Attach addressograph label here

Name: …………………………………………………………..

Date of birth: ………………………………………………..

Address: ……………………………………………………….

**Hospital:**

**Ward:**

**Consultant:**

**Form completed by:** *name and designation*

**This proforma is intended for use in PAEDIATRIC patients only (under 16 years of age)**

Please complete the proforma below for patients presenting with anaphylaxis **prior** to discharge. Use in conjunction with local Trust specific paediatric anaphylaxis guidelines.

If this is not the first anaphylaxis presentation, ensure patient’s existing Action Plan is reviewed/up-to-date prior to discharge.

Patients should only be discharged following risk-stratified approach to minimum recommended length of time of observation following anaphylaxis (Resuscitation Council UK, NICE CG134).

Review by a senior clinician experienced in the management of anaphylaxis **must** be completed prior to discharge.

**Discharge checklist:**

* **Causative allergen suspected/identified?** *(Tick answer)*
* **YES**
* **NO**

Please state allergen(s) (if known):

Advice to be given on avoidance of suspected trigger/allergen if known/applicable. Advise patient to obtain and wear medical alert bracelet.

* **Information provided on anaphylaxis including:**
  + Signs and symptoms of anaphylaxis
  + Risk of biphasic reactions (and clear instructions provided to return to hospital immediately)
  + How to manage suspected anaphylaxis (use of adrenaline auto-injectors and call 999)
* **Individual Action Plan completed and discussed with patient and parent/carer**

Ensure 3 copies are supplied to patient and family (1 personal copy, 1 copy shared with school/nursery & 1 spare copy). Provide information on any additional medicines recommended on Action Plan e.g. antihistamines, salbutamol easyhaler etc.

Plans can be completed manually or electronically and can be accessed via:

<https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

* **Confirm brand of adrenaline auto-injector device issued** *(Tick brand & strength supplied)*

Patients must be supplied with **TWO** devices and be advised to carry them at **ALL** times. Confirm weight and ensure appropriate strength provided. For patients issued the lower strength devices, ensure parent/carer aware to re-weigh patient regularly and seek review of dose (once weight ≥25kg for EpiPen Jr® or ≥30kg for Jext® and Emerade® 150microgram/dose)

* EpiPen Jr® 150microgram/dose
* EpiPen® 300microgram/dose
* Jext® 150microgram/dose
* Jext® 300microgram/dose
* Emerade® 150microgram/dose\*
* Emerade® 300microgram/dose \*
* Emerade® 500microgram/dose \*

\**Due back to market but currently unavailable*

* **Training on use of adrenaline auto-injector device with patient and parent/carer provided**

Ensure the **SAME** brand of training device is used as the device issued to the patient when providing training. Training devices should be kept in A&E and available for use at all times.

Advise patient and relative/carer of storage requirements and to check expiry date of devices regularly and keep a record of when replacement devices need to be requested.

***N.B***. Inform patient and parent/carer that brand supplied may vary in future prescriptions and administration instructions **ARE** different between brands. Inform that if in doubt, to contact healthcare professional for advice and training on new device.

* **Referral to local specialist paediatric allergy clinic** *(this should be completed by the discharging team)*

Details of specialist clinics available in Trust specific guidelines or intranet. Include information in referral that may be useful for allergy clinic to be aware of e.g., details of reaction and timings, administered treatments and results of any investigations completed.

Provide patient (and parent/carer) with information on why referral to allergy clinic needed and referral process.

* **Record keeping of information given to patient made in notes**

Include a copy of individual Action Plan, referral to allergy clinic, and discharge letter and discharge proforma checklist in medical notes. Ensure patient receives copies of discharge proforma, discharge summary and other useful information to share with GP and allergy clinic.

* **Signposting to patient resources**
* Anaphylaxis campaign website: <https://www.anaphylaxis.org.uk/>
* Allergy UK website: <https://www.allergyuk.org/>
* Spare pens in schools website: <https://www.sparepensinschools.uk/>
* EpiPen® patient website: <https://www.epipen.co.uk/en-gb/patients>
* Jext® patient website: <https://adults.jext.co.uk/resource/>
* Emerade® patient website: <https://www.emerade.com/>

***References:***

1. Resuscitation council UK Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers (2021). <https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis/emergency-treatment>
2. NICE CG134. Anaphylaxis: assessment and referral after emergency treatment (2020). <https://www.nice.org.uk/guidance/cg134/chapter/1-Recommendations>
3. Public Assessment Report of the Commission on Human Medicines’ Adrenaline Auto-injector Expert Working Group: Recommendations to support the effective and safe use of adrenaline auto-injectors. <https://www.gov.uk/government/publications/public-assessment-report-recommendations-to-support-the-effective-and-safe-use-of-adrenaline-auto-injectors/public-assessment-report-of-the-commission-on-human-medicines-adrenaline-auto-injector-expert-working-group-recommendations-to-support-the-effectiv>
4. Adrenaline auto-injectors: reminder for prescribers to support safe and effective use (2021). <https://www.gov.uk/drug-safety-update/adrenaline-auto-injectors-reminder-for-prescribers-to-support-safe-and-effective-use?utm_source=e-shot&utm_medium=email&utm_campaign=DSU_November2021Main2>