



DALES Anaesthetist Survey

Thank you for taking part in DALES, a study about drug allergy labels in elective surgical patients.

We will ask for your views on some common allergy labels relevant to anaesthetists and your approach to prescribing in a variety of clinical scenarios. We will also ask your opinions on how to solve the problems posed by incorrect drug allergy labelling.

-your data is anonymous

-this should take around 15 minutes to complete

-you will not be contacted again after completing the survey

-your answers will not be directly linked to patients involved in the study

For further information, see the DALES website:
<https://www.rafrainees.com/project-summary.html>

PLEASE ONLY COMPLETE THIS SURVEY IF ADULT ANAESTHESIA IS PART OF YOUR PRACTICE

Demographics

1. Your Role:

- Consultant
- Associate Specialist / Staff Grade
- ST 5-7
- ST 3-4
- CT 1-2
- FY1 / 2
- Medical Training Initiative doctor
- Physician's Assistant (Anaesthesia) (prescribers only)

Consent

2. When consenting a patient for anaesthesia, do you routinely discuss the risk of anaesthetic allergy?

- Yes, routinely for all patients
- Only if discussing rare complications of anaesthesia
- No, only if the patient asks specifically about allergy

3a. If asked by a patient about the risk of anaesthetic allergy which of the following best matches how you would explain that risk in WORDS? (choose one)

- Common
- Uncommon
- Rare
- Very rare
- I use an alternate non-numeric description*
- I don't routinely use non-numeric descriptors

*If you ticked 'I use an alternate non-numerical description' then please describe in the box below:

3b. If asked by a patient about the risk of anaesthetic allergy which of the following NUMBERS best matches how you would explain that risk? (choose one)

- <1:100
- <1:1,000
- <1:10,000
- <1:100,000
- I use an alternate numerical description*
- I don't routinely use numerical descriptors

*If you ticked 'I use an alternate numerical description' then please describe in the box below:

Food Allergy

4. Do you avoid Propofol in association with any of the following food allergies?

- Egg
- Soya
- I don't avoid Propofol in either of the above allergies

Penicillin Allergy

The following questions concern ELECTIVE patients who require penicillin prophylaxis but who also have penicillin allergy labels.

5a. Patients report a variety of different reactions to penicillins; on the following list, please indicate on a scale of 1-5 how likely you consider the following reactions to represent true allergy: (1 = Highly unlikely, 5 = Highly likely)

(whether or not to actually give penicillins to such patients will be covered in the subsequent question)

Symptoms:	How likely to represent true allergy:				
	1. Highly Unlikely	2. Unlikely	3. Possibly	4. Likely	5. High Likely
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swelling of Lips / Face / tongue / body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Itchy Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash of Unknown Nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widespread Urticarial Rash ('hives')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI upset (nausea & / or diarrhoea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient does not know / cannot remember what happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The reaction occurred ONLY after the 2 nd or subsequent dose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since the index allergic reaction, the patient has received a penicillin without any problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5b. An elective patient with a penicillin allergy label is due a penicillin for surgery...

i) if you consider the label HIGHLY UNLIKELY to represent true allergy, which of the following is your normal practice?

- I give penicillin (with / without a test dose)
 I would not give penicillin to anyone with the allergy label

ii) if you consider the label to POSSIBLY represent true allergy, which of the following is your normal practice?

- I give penicillin (with / without a test dose)
 I would not give penicillin to anyone with the allergy label

now please answer the questions on the next page based upon your answers above

-if to either question you answered '**I give penicillin**' go to section A
 -if to both questions you answered '**I would not give penicillin**' go to section B

A

iii) if the patient had no reaction after the penicillin was administered, which best describes your practice? (tick all that apply)

- I amend the anaesthetic chart
- I amend the patient notes to remove the allergy label
- I remove 'penicillin allergy' from the drug allergy wristband
- I inform the surgeon
- I inform the patient's GP
- None of the above

iv) if you answered '**None of the above**' or: '**I amend the anaesthetic chart**' alone, which of the following reasons apply? (tick all that apply)

- There is no pathway in my Trust / Board to reliably escalate this information to the patient's other care providers
- Because I don't believe that tolerating a single dose of intra-operative penicillin constitutes definitive proof
- Other reason(s)

-if you would like to tell us more about your rationale do so here:

v) Do you routinely inform the patient that they have received a penicillin without ill effect?

- Yes No

-if '**No**' which of the following reasons apply? (tick all that apply)

- Patients don't have a reliable way to pass the information to their GP or other care providers
- I don't think patient reliably retain information post-op
- I don't believe that tolerating a single dose of intra-operative penicillin constitutes definitive proof
- Other reason(s)

-if you would like to tell us more about your rationale do so here:

B

vi) if you routinely avoid penicillins in all patients with the allergy label, is this because (tick all that apply):

- There is a risk of a bad reaction
- Alternative antibiotics are available
- Patients are not always reliable with their history
- Formal testing for penicillin allergy is available and this is more appropriate than 'testing' in a theatre setting
- Other reason(s)

-if you would like to tell us more about your rationale do so here:

5c. Does your Trust / Board have guidance for the use of penicillins in patients with penicillin allergy labels?
I.e. guidance on when it may be appropriate to give penicillins despite the label.

- Yes No Unsure / don't know

5d. Do you routinely administer cephalosporin prophylaxis to surgical patients you consider to have true penicillin allergy?

- Yes
 I seek microbiology guidance
 No, I use an alternative
 Our local guidance covers cephalosporin use & penicillin allergy, I follow this

5e. Do you routinely administer test doses when giving antibiotics?

- Yes, routinely
 No, never
 Not routinely but I do if I believe the patient is reporting a side-effect / unlikely to be reporting true allergy

-if **'No'**, which of the following reasons apply (tick all that apply)?

- I understand anaphylaxis to be an all-or-nothing response
 In anaesthetised patients, the early signs of allergic reaction might be missed
 Other reason(s)

-if you would like to tell us more about your rationale do so here:

Formal Penicillin Allergy De-Labeling

'De-labelling' refers to the formal removal of a patient's allergy label for a drug.

6. If a patient previously labelled as 'penicillin allergic' undergoes an Oral Challenge Test with a penicillin and tolerates it without problems, would you be happy to administer penicillin intra-operatively?

(an Oral Challenge Test involves supervised administration of an oral dose of the penicillin which caused the index reaction (or Amoxicillin if index penicillin not known))

Yes No Unsure

-if 'No' or 'Unsure':

Please tell us your reasons (tick all that apply):

- My understanding is that patients should also be skin tested
- The penicillin received during testing might not be the same one I give in theatre
- I will be giving IV penicillin during surgery but the testing was oral
- I would never give penicillin to someone previously labelled as allergic, whatever the result of testing
- I would require clear local guidelines to support the use of penicillin in this situation
- Other reason(s)

-if you would like to tell us more about your rationale do so here:

-or if 'Yes':

If the patient had been formally assessed by a drug allergy specialist and had their label removed without ANY testing, would you still be happy to give penicillin intra-operatively?

(I.e. the label could be removed by a specialist without testing on the basis the reaction represents side-effect not allergy; e.g. a patient who suffers from nausea with penicillin)

Yes No Unsure

-if '**No**' or '**Unsure**', please tell us your reasons (tick all that apply):

- I believe allergy label removal should always include some form of testing
- I would require clear local guidelines to support the use of penicillin in this situation
- Other reason(s)

-if you would like to tell us more about your rationale do so here:

Opioids

7. Consider the case of a patient with an allergy label to one or more opioids which you believe to represent side-effects, e.g. nausea, constipation, minor histamine itch.

If asked to anaesthetise this patient for a painful procedure requiring opioids which of the following best describes your practice? (tick all that apply)

- I give opioids as usual; I don't specifically avoid any named opioids
- I always avoid the specific opioid(s) the patient reports (but give others)
- I give additional prophylaxis, e.g. added antiemetic
- I use synthetic / semi-synthetic opioids only
- I avoid all opioids in such cases regardless of the nature of the allergy label

Suggestions for Improvement

8a. Which of the following might help reduce the number of incorrect or unsubstantiated drug allergy labels in elective surgical patients? (tick all that apply)

- 'Medical sign-off' of drug allergy labels (i.e. only a doctor can write the label)
- Sign-off from senior clinical staff only (i.e. Consultant, ST6+)
- Sign-off from specialist staff (i.e. Pharmacist, Pre-Assessment nurse practitioner)
- More anaesthetists in Pre-Assessment
- A structured allergy proforma available to help assess drug allergies in Pre-Assessment
- Rapid access to specialist allergy opinion / de-labelling clinic
- Additional information provided from patient's GP
- Alternative colour wristbands to denote side-effect / sensitivity VS true allergy

Anything else that you think would practically help?

8b. Would you feel comfortable using a penicillin allergy smartphone / web app to decide whether to give penicillin to a patient with the allergy label?

I.e. would you administer penicillin if the app recommended this was safe based on the history of the reaction?

- Yes
 No
 Unsure

-if 'No' or 'Unsure' is this because:

- I would not feel confident relying on a computer-based tool to help make a clinical decision
- Smartphone apps aren't integrated into hospitals systems / patient records
- I don't think patients' histories are accurate enough
- I'm concerned about medico-legal aspects if there was a bad outcome
- Any such tool needs clear backing at local Trust / Board level
- Any such tool needs clear backing from the RCoA / AAGBI / NICE / SIGN
- I would never prescribe penicillin to a patient with the allergy label
- Other?

Could you tell us more?

THE END

Thank you for taking the time to complete this survey!