

# DALES Patient Survey

Thank you for your time and effort with DALES, please confirm your registration then complete the form below.

Please also note:

-we recommend having copies of the BNF and your Trust / Board antibiotic guidelines to hand to help categorise drugs without leaving the survey

-if the patient is eligible for follow-up you will be asked for a standardised pseudoanonymiser at the end

-you can click [here](#) to open the study guide in a new window

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## \*Registered Data Collector\*

### -confirm details before proceeding

GMC / NMC

\_\_\_\_\_  
(-prefilled via sign-up)

NHS Email

\_\_\_\_\_  
(-prefilled via sign-up)

UIN

\_\_\_\_\_  
(-prefilled via sign-up)

NIHR CC

\_\_\_\_\_  
(-prefilled via sign-up)

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## \*Consent / Pre-Screening\*

\*please ensure patient already admitted by nursing staff and wearing any / all wristbands\*

TO THE PATIENT:

- Yes  
 No

"We would like to ask you some questions about allergies and review your notes, is that ok?"

TO THE PATIENT:

- Yes  
 No

"This will involve sharing non-identifiable data with other medical staff at other hospitals to help understand these kinds of problems, is that ok?"

Patient's age range?

- 16-25  
 26-50  
 51-75  
 >75

Gender?

- Male  
 Female

PRE-SCREENING QUESTION 1, TO THE PATIENT:

"Do you have ANY allergies?"

-if the patient reports any allergies OR sensitivities check 'Yes'

- Yes, allergy / sensitivity reported  
 No

PRE-SCREENING QUESTION 2:

Does the patient have an allergy wristband with ANY allergy labels OR added non-drug allergy issues?

'Added non-drug allergy issues' = e.g. 'needlephobic', 'falls risk'

- Yes, allergy wristband with listed allergies  
 Wristband indicates no allergies  
 Our centre does not use allergy wristbands / uses allergy wristbands without details

\*Warning!\* You are indicating that either your Trust / Board either does not apply allergy wristbands OR that the wristbands applied do NOT list the specific allergy(-ies) in question.

Please confirm your selection before continuing.

Please also use the Pre-Assessment record to confirm the patients' allergies.

PRE-SCREENING QUESTION 3, TO THE PATIENT:

"Do you have hay fever, rhinitis, asthma, eczema or dust allergy

- Yes  
 No

AND / OR

a general tendency to hives, urticaria, angioedema, itchy rashes or facial swelling?"

\*WARNING!\* If the patient indicates they have asthma alone and no other conditions e.g. eczema please confirm that this is not 'asthma caused by smoking'.

If this is the case / the patient says they have COPD then code the answer above as 'No'.

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**PRE-SCREENING MATRIX:**

	Patient reports	On wristband +/- notes
Hay fever, rhinitis, asthma, eczema, dust allergy	<input type="checkbox"/>	<input type="checkbox"/>
Hives, urticaria, angioedema, tendency to swelling	<input type="checkbox"/>	<input type="checkbox"/>

\*WARNING!\* You have indicated that the patient has atopy or urticaria but have not provided details.

Please confirm your selections before continuing.

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## 1. Operative Demographics

Speciality?

- Breast
- Cardiac
- Chronic Pain
- Colorectal
- Dental
- ENT / Head & Neck
- General Surgery (UGI / HPB)
- Gynae
- Obstetrics
- Ophthalmology
- Orthopaedics
- Neuro
- Plastics
- Spinal
- Thoracics
- Transplant
- Urology
- Vascular
- Non-theatre

\*WARNING!\* You appear to have selected an unusual combination: [speciality] Surgery in the [age\_range] age group

Please confirm your selections before continuing.

\*WARNING!\* You appear to have selected an unusual combination: [gen] [speciality] Surgery

Please confirm your selections before continuing.

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## 2. Patient Survey Data -PATIENT HISTORY AND WRISTBAND ONLY UNLESS WRISTBAND ISSUES

-under 'Patient reports...' please simply record the patient's response; do NOT try and decode if the allergy is 'real' or just a sensitivity

-as per study protocol, ONLY refer to the patient's Pre-Assessment notes if your centre doesn't use wristbands OR doesn't list allergies on them

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**Subsection A: Study Allergy Matrix -patient-reported AND / OR on wristband**


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	Patient reports 'allergy'	Patient reports 'sensitivity'	On wristband +/- notes?
Penicillins e.g. Amoxicillin, Flucloxacillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other antibiotics e.g. Cefuroxime, Teicoplanin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSAIDs e.g. Aspirin, Diclofenac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioids e.g. Morphine (inc Tramadol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other analgesics e.g. Paracetamol, Gabapentin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle relaxants e.g. Suxamethonium, Rocuronium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propofol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugammadex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contrast media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorhexidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iodine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical dyes e.g. Methylene Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local anaesthetics e.g. Lidocaine, Bupivacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colloids e.g. Gelofusine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac drugs e.g. Amlodipine, Adrenaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetric drugs e.g. Oxytocin, Carboprost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiemetics e.g. Cyclizine, Ondansetron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressings / tapes e.g. Mefix, Micropore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other NON-STUDY drug, i.e. not above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any added NON-DRUG issues e.g. 'needlephobia', 'falls risk'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*MATRIX ERROR - PLEASE RE-CHECK INPUT\***

\*WARNING!\* You have ticked that the patient gives no history of allergy but have checked a +ve history of allergy and / or sensitivity in the Matrix.

\*WARNING!\* You have ticked that the patient gives a history of allergy AND sensitivity within the same category.

**Subsection B: Allergy Details**

Please fill in additional details below USING PATIENT HISTORY ONLY:

**-Penicillin History**

Nature of penicillin reaction (tick all that apply):

- Rash
- Blisters / skin peeling
- Difficult to breathe and / or became wheezy
- Swelling
- Dizzy or faint
- Sick / vomited / had a sore stomach / had diarrhoea
- Thrush
- Anaphylaxis or a serious reaction
- Stevens-Johnson syndrome / DRESS / AGEP
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Don't know / can't remember' plus one or more other options

Please confirm your selections before continuing.

\*WARNING!\* You have selected a very rare antibiotic allergy; please confirm with the patient that this was a specific diagnosis, i.e.:

- Stevens-Johnson Syndrome
- Drug Reaction with Eosinophilia and Systemic Symptoms
- Acute Generalized Exanthematous Pustulosis

- Confirm SJS / DRESS / AGEP

Please then confirm this before continuing; if not, un-code this reaction.

Nature of rash:

- Itchy and / or raised (hives, urticaria, 'nettle rash')
- Non-itchy, non-raised
- Unknown

\*TO THE PATIENT\*

Which of the following pictures best resembles the rash the antibiotic caused?

- A
- B
- C
- I don't know / can't remember

A.



B.



C.



Nature of swelling:

- Face / lips / tongue / eyes or whole body swelling
- Localised swelling at site of infection ONLY e.g. dental abscess
- Unknown

How soon did the reaction happen after taking the Penicillin?

- Immediately / with the first dose
- 2nd dose onwards
- Unknown

Approximately how long ago did all this happen?

- In the last 6 months  
 In the last 10 years  
 More than 10 years ago

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**-Delabelling \*QUESTIONS TO PATIENT\***

Did you have penicillin allergy testing performed after your reaction?

- Yes  
 No

What was the result of your test?

- Negative test / not allergic  
 Positive test / allergic

Why do you still call yourself penicillin allergic?

- I would never take penicillin again whatever the result  
 I'm worried about the safety of testing  
 I'm not sure how reliable the testing results are  
 It's safer to report the allergy  
 There are other better antibiotics than Penicillin  
 I was only tested against one penicillin and there are many of them  
 Other reasons

Please tell us more:

Have you had penicillin again since you had the reaction?

- No  
 Yes, no problems  
 Yes, with the same or worse reactions

Would you be interested in having testing to see if you are truly allergic to penicillin?

- Yes  
 No

If no, please tell us your reason why? (tick all that apply)

- I would never take penicillin again whatever the result  
 I'm worried about the safety of testing  
 I'm not sure how reliable the testing results are  
 It's inconvenient to come in for an additional appointment  
 I've already taken it since without problems  
 I've had a bad reaction already  
 Other reasons

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Not had penicillin since' and 'I've already taken it since without problems'

Please confirm your selections before continuing.

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Not had penicillin since' and 'I've had a bad reaction already'

Please confirm your selections before continuing.

**\*WARNING!\*** You appear to have selected an incompatible combination: 'I've already taken it since without problems' and 'I've had a bad reaction already'

Please confirm your selections before continuing.

Please tell us more:

If your reaction to penicillin was assessed by an allergy specialist and judged to be a side-effect rather than an allergy, would you be happy to have your allergy label taken off without any testing?

- Yes  
 No

If no, please tell us your reason why? (tick all that apply)

- I would not be confident taking penicillin without some sort of testing first  
 I don't know what happened when I took penicillin, so I wouldn't be able to tell the allergy specialist about it  
 Other reasons

Please tell us more:

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## -Other Antibiotics

Which other antibiotics (tick all that apply):

- Aminoglycosides e.g. Gentamicin  
 Carbapenems e.g. Meropenem  
 Cephalosporins e.g. Cefuroxime  
 Clindamycin  
 Glycopeptides e.g. Vancomycin, Teicoplanin  
 Linezolid  
 Macrolides e.g. Clarithromycin, Erythromycin  
 Metronidazole  
 Monobactams e.g. Aztreonam  
 Quinolones e.g. Ciprofloxacin, Ofloxacin  
 Co-Trimoxazole (Septrin) / Trimethoprim  
 Tetracyclines  
 Other NON-STUDY antibiotic(s)

\*WARNING!\* You have selected the 'Other NON-STUDY antibiotic(s)' option:

- Confirm drug(s) are not listed above

Please ensure this is intentional before continuing.

\*WARNING!\* You have selected a very rare antibiotic allergy.

Please confirm your selection before continuing.

Nature of cephalosporin reaction (tick all that apply):

- Rash  
 Blisters / skin peeling  
 Difficult to breathe and / or became wheezy  
 Swelling  
 Dizzy or faint  
 Sick / vomited / had a sore stomach / had diarrhoea  
 Thrush  
 Anaphylaxis or a serious reaction  
 Stevens-Johnson syndrome / DRESS / AGEP  
 Other side-effect  
 Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.



**\*WARNING!\*** You have selected a very rare antibiotic allergy; please confirm with the patient that this was a specific diagnosis, i.e.:

- Stevens-Johnson Syndrome
- Drug Reaction with Eosinophilia and Systemic Symptoms
- Acute Generalized Exanthematous Pustulosis

Confirm SJS / DRESS / AGEP

Please then confirm this before continuing; if not, un-code this reaction.

Nature of rash:

- Itchy and / or raised (hives, urticaria, 'nettle rash')
- Non-itchy, non-raised
- Unknown

Nature of swelling:

- Face / lips / tongue / eyes or whole body swelling
- Localised swelling at site of infection ONLY e.g. dental abscess
- Unknown

Nature of carbapenem reaction:

- Rash
- Blisters / skin peeling
- Difficult to breathe and / or became wheezy
- Swelling
- Dizzy or faint
- Sick / vomited / had a sore stomach / had diarrhoea
- Thrush
- Anaphylaxis or a serious reaction
- Stevens-Johnson syndrome / DRESS / AGEP
- Other side-effect
- Unknown

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

**\*WARNING!\*** You have selected a very rare antibiotic allergy; please confirm with the patient that this was a specific diagnosis, i.e.:

- Stevens-Johnson Syndrome
- Drug Reaction with Eosinophilia and Systemic Symptoms
- Acute Generalized Exanthematous Pustulosis

Confirm SJS / DRESS / AGEP

Please then confirm this before continuing; if not, un-code this reaction.

Nature of rash:

- Itchy and / or raised (hives, urticaria, 'nettle rash')
- Non-itchy, non-raised
- Unknown

Nature of swelling:

- Face / lips / tongue / eyes or whole body swelling
- Localised swelling at site of infection ONLY e.g. dental abscess
- Unknown

Nature of monobactam reaction:

- Rash
- Blisters / skin peeling
- Difficult to breathe and / or became wheezy
- Swelling
- Dizzy or faint
- Sick / vomited / had a sore stomach / had diarrhoea
- Thrush
- Anaphylaxis or a serious reaction
- Stevens-Johnson syndrome / DRESS / AGEP
- Other side-effect
- Unknown

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

**\*WARNING!\*** You have selected a very rare antibiotic allergy; please confirm with the patient that this was a specific diagnosis, i.e.:

- Stevens-Johnson Syndrome
- Drug Reaction with Eosinophilia and Systemic Symptoms
- Acute Generalized Exanthematous Pustulosis

- Confirm SJS / DRESS / AGEP

Please then confirm this before continuing; if not, un-code this reaction.

Nature of rash:

- Itchy and / or raised (hives, urticaria, 'nettle rash')
- Non-itchy, non-raised
- Unknown

Nature of swelling:

- Face / lips / tongue / eyes or whole body swelling
- Localised swelling at site of infection ONLY e.g. dental abscess
- Unknown

Nature of Co-Trimoxazole (Septrin) / Trimethoprim reaction:

- Anaphylaxis / potentially life-threatening reaction
- Non-urticarial rash
- Simple GI upset / diarrhoea
- Other side-effect
- Unknown

Nature of aminoglycoside reaction:

- Anaphylaxis / potentially life-threatening reaction
- Non-urticarial rash
- Simple GI upset / diarrhoea
- Other side-effect
- Unknown

Nature of Clindamycin reaction:

- Anaphylaxis / potentially life-threatening reaction
- Non-urticarial rash
- Simple GI upset / diarrhoea
- Other side-effect
- Unknown

Nature of Linezolid reaction:

- Anaphylaxis / potentially life-threatening reaction
- Non-urticarial rash
- Simple GI upset / diarrhoea
- Other side-effect
- Unknown

Nature of Metronidazole reaction:

- Anaphylaxis / potentially life-threatening reaction
- Non-urticarial rash
- Simple GI upset / diarrhoea
- Other side-effect
- Unknown

Nature of quinolone reaction:

- Anaphylaxis / potentially life-threatening reaction
- Non-urticarial rash
- Simple GI upset / diarrhoea
- Other side-effect
- Unknown

Nature of tetracycline reaction:

- Anaphylaxis / potentially life-threatening reaction
- Non-urticarial rash
- Simple GI upset / diarrhoea
- Other side-effect
- Unknown

Nature of macrolide reaction:

- Anaphylaxis / potentially life-threatening reaction
- Non-urticarial rash
- Simple GI upset / diarrhoea
- Other side-effect
- Unknown

Nature of glycopeptide reaction:

- Rash
- Blisters / skin peeling
- Difficult to breathe and / or became wheezy
- Swelling
- Dizzy or faint
- Sick / vomited / had a sore stomach / had diarrhoea
- Thrush
- Anaphylaxis / potentially life-threatening reaction
- Stevens-Johnson syndrome / DRESS / AGEP
- Red Man syndrome
- Other side-effect
- Unknown

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

**\*WARNING!\*** You have selected a very rare antibiotic allergy; please confirm with the patient that this was a specific diagnosis, i.e.:

- Stevens-Johnson Syndrome
- Drug Reaction with Eosinophilia and Systemic Symptoms
- Acute Generalized Exanthematous Pustulosis

- Confirm SJS / DRESS / AGEP

Please then confirm this before continuing; if not, un-code this reaction.

Nature of rash:

- Itchy and / or raised (hives, urticaria, 'nettle rash')
- Non-itchy, non-raised
- Unknown

Nature of swelling:

- Face / lips / tongue / eyes or whole body swelling
- Localised swelling at site of infection ONLY e.g. dental abscess
- Unknown

**-NSAIDs**

Which NSAIDs (tick all that apply):

- Aspirin
- Diclofenac
- Etodolac
- Ibuprofen
- Indomethacin
- Ketorolac
- Meloxicam
- Mefenamic acid
- Naproxen
- Selective COX-II inhibitors e.g. Celecoxib, Parecoxib
- Multiple NSAIDs / class-effect

\*WARNING!\* You appear to have selected a rarely-used NSAID.

Please confirm your selection(s) before continuing.

\*WARNING!\* You have selected the 'Multiple' option.

Please also tick any drugs specifically named by the patient and / or wristband.

Were they told by medical staff to avoid NSAIDs for any of the following reasons? (tick all that apply)

- Because of potential to precipitate asthma
- Because of potential risk of bleeding
- Because of ↑BP / cardiovascular risk / on Aspirin / blood thinners
- Because of a known / previous renal problem
- None of the above

\*WARNING!\* You appear to have selected an incompatible combination: 'None' plus one or more other options

Please confirm your selections before continuing.

What symptoms / issues did the patient encounter? (tick all that apply)

- GI upset
- Previous NSAID-associated GI bleed
- Previous NSAID-associated bronchospasm
- Itchy and / or raised rash (hives, urticaria, 'nettle rash')
- Blisters / skin peeling
- Face / lips / tongue / eyes or whole-body swelling
- Anaphylaxis / potentially life-threatening reaction
- Stevens-Johnson syndrome / DRESS / AGEP
- Reye's syndrome
- Other side-effect
- Unknown
- The patient has not had a reaction, they were simply warned not to take it

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

\*WARNING!\* You appear to have selected an incompatible combination: 'The patient has not had a reaction, they were simply warned not to take it' plus one or more other options

Please confirm your selections before continuing.

**\*WARNING!\*** You have selected a very rare NSAID allergy; please confirm with the patient that this was a specific diagnosis, i.e.:

- Stevens-Johnson syndrome
- Drug Reaction with Eosinophilia and Systemic Symptoms
- Acute Generalized Exanthematous Pustulosis
- Reye's syndrome

Please then confirm this before continuing; if not, un-code this reaction.

Confirm SJS / DRESS / AGEP / RS

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## **-Opioids Including Tramadol**

Which opioid analgesic(s):

- Co-Dydramol
- Co-Codamol
- Codeine
- Dihydrocodeine
- Diamorphine
- Fentanyl
- Morphine
- Oxycodone
- Remifentanil
- Tramadol
- Multiple opioids / class-effect

**\*WARNING!\*** You have selected the 'Multiple' option.

Please also tick any drugs specifically named by the patient and / or wristband.

For Co-Codamol / Co-Dydramol can you clarify the allergic / sensitive component:

- Opioid
- Paracetamol
- Unclear

Nature of opioid reaction (tick all that apply):

- GI upset / nausea and / or vomiting / constipation
- Told to avoid by medical staff secondary to known / previous renal / liver problem(s)
- CNS / confusion / hallucinations
- Respiratory depression
- Rash / itch
- Blisters / skin peeling
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Tramadol reaction (tick all that apply):

- GI upset / nausea and / or vomiting / constipation
- Told to avoid by medical staff secondary to known / previous renal / liver problem(s)
- CNS / confusion / hallucinations
- Respiratory depression
- Rash / itch
- Anaphylaxis / potentially life-threatening reaction
- Blisters / skin peeling
- Told to avoid by medical staff secondary to potential risk of seizures
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

### -Other Analgesics

Which other non-opioid analgesics (tick all that apply):

- Amitriptyline
- Gabapentin
- Pregabalin
- Paracetamol
- Other NON-STUDY analgesic(s)

\*WARNING!\* You have selected the 'Other NON-STUDY analgesic' option.

- Confirm drug(s) are not listed above

Please ensure this is intentional before continuing.

Nature of neuropathic medication reaction (tick all that apply):

- GI upset / nausea and / or vomiting / constipation
- Told to avoid by medical staff secondary to known / previous renal / liver problem(s)
- CNS / confusion / hallucinations
- Respiratory depression
- Rash / itch
- Anaphylaxis / potentially life-threatening reaction
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Paracetamol reaction (tick all that apply):

- GI upset / nausea and / or vomiting / constipation
- Told to avoid by medical staff secondary to known / previous renal / liver problem(s)
- CNS / confusion / hallucinations
- Respiratory depression
- Rash / itch
- Blisters / skin peeling
- Anaphylaxis / potentially life-threatening reaction
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

### -Muscle Relaxants

Which muscle relaxant(s) (tick all that apply):

- Suxamethonium
- Atracurium
- Cisatracurium
- Rocuronium
- Vecuronium
- Mivacurium
- Pancuronium

\*WARNING!\* You appear to have selected a muscle relaxant not widely used.

Please confirm your selections before continuing.

Nature of non-depolarising muscle relaxant reaction:

- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

Nature of Suxamethonium reaction:

- Anaphylaxis / potentially life-threatening reaction
- Sux Apnoea
- Malignant Hyperpyrexia
- Non-specific muscle pains
- Other side-effect
- Unknown

### **-Propofol**

Nature of Propofol reaction (tick all that apply):

- Anaphylaxis
- Patient told to avoid because of egg / soya allergy
- Seizures / myoclonus
- Hypotension
- Other side-effect
- Unknown

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

### **-Sugammadex**

Nature of Sugammadex reaction:

- Anaphylaxis / potentially life-threatening reaction
- Headache or nausea
- Other side-effect
- Unknown

### **-Contrast Media**

Nature of contrast reaction:

- Anaphylaxis / potentially life-threatening reaction
- Wheeze / short of breath
- Swelling / angioedema
- Dizziness / feeling faint
- Rash
- Blisters / skin peeling
- Kidney injury
- Other side-effect
- Unknown

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of rash:

- Itchy and / or raised (hives, urticaria, 'nettle rash')
- Non-itchy, non-raised
- Unknown

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**-Chlorhexidine**

Nature of Chlorhexidine reaction:

- Anaphylaxis / potentially life-threatening reaction
- Wheeze / short of breath
- Swelling / angioedema
- Dizziness / feeling faint
- Rash
- Blisters / skin peeling
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of rash:

- Itchy and / or raised (hives, urticaria, 'nettle rash')
- Non-itchy, non-raised
- Unknown

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**-Iodine**

Nature of Iodine reaction (tick all that apply):

- Anaphylaxis / potentially life-threatening reaction
- Wheeze / short of breath
- Swelling / angioedema
- Dizziness / feeling faint
- Rash
- Blisters / skin peeling
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of rash:

- Itchy and / or raised (hives, urticaria, 'nettle rash')
- Non-itchy, non-raised
- Unknown

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**-Nickel**

Nature of Nickel reaction:

- Anaphylaxis or a serious reaction
- Rash / contact dermatitis
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected a very rare allergy: 'Anaphylaxis or a serious reaction'

Please confirm your selection before continuing.



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**-Latex**

Nature of Latex reaction (tick all that apply):

- Anaphylaxis or a serious reaction
- Wheeze / short of breath
- Swelling / angioedema
- Dizziness / feeling faint
- Rash
- Blisters / skin peeling
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of rash:

- Itchy and / or raised rash (hives, urticaria, 'nettle rash')
- Non-itchy, non-raised
- Unknown

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**-Medical Dyes**

Nature of dye reaction (tick all that apply):

- Anaphylaxis or a serious reaction
- Wheeze / short of breath
- Swelling / angioedema
- Dizziness / feeling faint
- Rash
- Blisters / skin peeling
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of rash:

- Itchy and / or raised (hives, urticaria, 'nettle rash')
- Non-itchy, non-raised
- Unknown

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**-Local Anaesthetics**

Nature of local anaesthetic reaction (tick all that apply):

- Anaphylaxis / potentially life-threatening reaction
- Wheeze / short of breath
- Swelling / angioedema
- Dizziness / feeling faint
- Rash
- Blisters / skin peeling
- Palpitations
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of rash:

- Itchy and / or raised (hives, urticaria, 'nettle rash')  
 Non-itchy, non-raised  
 Unknown

**-Colloids**

'Anaphylaxis / potentially life-threatening reaction' = reaction requiring emergency treatment with drugs including Chlorphenamine (Piriton), Steroids and / or Adrenaline, severe urticarial rash, angioedema, collapse, shortness of breath, wheeze

Nature of colloid reaction:

- Anaphylaxis / potentially life-threatening reaction  
 Intolerance of meat products  
 Other side-effect  
 Unknown

**-Cardiac Drugs**

Which cardiac drugs (tick all that apply):

- ACE-inhibitors e.g. Lisinopril, Ramipril  
 Alpha-blockers e.g. Doxazosin, Prazosin  
 Amiodarone  
 Angiotensin-II-blockers e.g. Losartan, Candesartan  
 Beta-blockers e.g. Atenolol, Bisoprolol  
 Calcium channel-blockers e.g. Amlodipine, Verapamil  
 Loop diuretics e.g. Furosemide, Bumetanide  
 Nitrates e.g. GTN, Isosorbide mononitrate  
 Nodal-blockers e.g. Ivabradine  
 Potassium channel-activators e.g. Nicorandil  
 Potassium-sparing diuretics e.g. Amiloride  
 Statins e.g. Simvastatin, Atorvastatin  
 Adrenaline  
 Other NON-STUDY cardiac drug(s)

\*WARNING!\* You have selected the 'Other NON-STUDY cardiac drug(s)' option.

- Confirm drug(s) are not listed above

Please ensure this is intentional before continuing.

Nature of ACE-I reaction (tick all that apply):

- Dizzy / collapse  
 Cough  
 Kidney injury  
 Non-urticarial rash  
 GI upset  
 Angioedema / anaphylaxis / potentially life-threatening reaction  
 Other side-effect  
 Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of alpha-blocker reaction (tick all that apply):

- Dizzy / collapse  
 Non-urticarial rash  
 GI upset  
 Anaphylaxis / potentially life-threatening reaction  
 Other side-effect  
 Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Amiodarone reaction (tick all that apply):

- Dizzy / collapse / bradycardia
- Pneumonitis
- Eye problems
- Non-urticarial rash / skin changes
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of AT-II-blocker reaction (tick all that apply):

- Dizzy / collapse
- Kidney injury
- Non-urticarial rash
- GI upset
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of beta-blocker reaction (tick all that apply):

- Dizzy / collapse / bradycardia
- Wheeze
- Tiredness
- Non-urticarial rash
- GI upset
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Ca channel-blocker reaction:

- Dizzy / collapse / bradycardia
- Non-urticarial rash
- GI upset
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Loop diuretic reaction (tick all that apply):

- Salt / electrolyte imbalance
- Dizzy / collapse
- Kidney injury
- Non-urticarial rash
- GI upset
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of nitrate reaction (tick all that apply):

- Headache
- Dizzy / collapse
- Non-urticarial rash
- GI upset
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of nodal-blocker reaction (tick all that apply):

- Visual brightness
- Bradycardia / palpitations
- Headache
- Dizzy / collapse
- GI upset
- Non-urticarial rash
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Potassium activator reaction (tick all that apply):

- Headache
- Dizzy / collapse
- Non-urticarial rash
- GI upset
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Potassium-sparing diuretic reaction (tick all that apply):

- Salt / electrolyte imbalance
- Kidney injury
- Non-urticarial rash
- GI upset
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of statin reaction (tick all that apply):

- Muscle aches
- Deranged liver function
- GI upset
- Non-urticarial rash
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Adrenaline reaction (tick all that apply):

- Palpitations / dizzy / faint
- GI upset
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

\*WARNING!\* You appear to have selected an unusual reaction: 'Anaphylaxis / potentially life-threatening reaction'

Please confirm your selection(s) before continuing.

## -Obstetric Drugs

Which Obstetric drug(s) (tick all that apply):

- Oxytocin (Syntocinon)
- Ergometrine
- Syntometrine
- Carboprost (Haemabate)
- Misoprostol
- Other NON-STUDY Obs drug(s)

\*WARNING!\* You have selected the 'Other NON-STUDY Obstetric drug(s)' option.

- Confirm drug(s) are not listed above

Please ensure this is intentional before continuing.

Nature of Oxytocin reaction (tick all that apply):

- Hypotension / tachycardia
- Flushing
- Headache
- GI upset
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Ergometrine reaction (tick all that apply):

- Hypertension / chest pain / palpitations
- Seizures
- Headache / dizziness / tinnitus
- GI upset
- Flushing
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Syntometrine reaction (tick all that apply):

- Hypertension / chest pain / palpitations
- Seizures
- Headache / dizziness / tinnitus
- Hypotension
- GI upset
- Flushing
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Carboprost reaction (tick all that apply):

- Flushing / fever / sweats
- Hypertension / chest pain / palpitations
- Headache / dizziness
- Bronchospasm / wheeze
- GI upset
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Misoprostol reaction:

- Flushing / fevers / sweats
- Headache / dizziness
- GI upset
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

\*WARNING!\* You appear to have selected an unusual reaction: Anaphylaxis / potentially life-threatening reaction

Please confirm your selection(s) before continuing.

## -Antiemetics

Which antiemetic(s) (tick all that apply):

- 5-HT3-antagonists e.g. Ondansetron, Granisetron
- Antihistamines e.g. Cyclizine
- Antimuscarinics e.g. Hyoscine
- Dopamine-antagonists e.g. Droperidol, Prochlorperazine (Stemetil)
- Steroids e.g. Dexamethasone
- Other NON-STUDY antiemetic

\*WARNING!\* You have selected the 'Other NON-STUDY antiemetic(s)' option.

- Confirm drug(s) are not listed above

Please ensure this is intentional before continuing.

Nature of 5-HT3-antagonist reaction (tick all that apply):

- Drowsiness
- Dry mouth
- GI upset
- Headache
- Muscle spasms, restlessness
- Urinary retention
- Non-urticarial rash
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

\*WARNING!\* You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of antihistamine reaction (tick all that apply):

- Drowsiness
- Dry mouth
- GI upset
- Headache
- Muscle spasms, restlessness
- Urinary retention
- Anaphylaxis
- Unknown

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of antimuscarinic reaction (tick all that apply):

- Drowsiness
- Dry mouth
- GI upset
- Headache
- Muscle spasms, restlessness
- Urinary retention
- Non-urticarial rash
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of Dopamine-antagonist reaction (tick all that apply):

- Drowsiness
- Dry mouth
- GI upset
- Headache
- Muscle spasms, restlessness
- Urinary retention
- Non-urticarial rash
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

Nature of steroid reaction (tick all that apply):

- Mania / sleeplessness
- Seizures
- GI upset
- Pancreatitis
- Headache
- Acne / skin problems
- Non-urticarial rash
- Anaphylaxis / potentially life-threatening reaction
- Other side-effect
- Unknown

**\*WARNING!\*** You appear to have selected an incompatible combination: 'Unknown' plus one or more other options

Please confirm your selections before continuing.

**\*WARNING!\*** You appear to have selected an unusual reaction: 'Anaphylaxis / potentially life-threatening reaction'

Please confirm your selection(s) before continuing.

**-Dressings / Tapes**

Nature of reaction to dressings / tape:

- Anaphylaxis / potentially life-threatening reaction  
 Rash / local dermatitis reaction  
 Other side-effect  
 Unknown

**-Other Drug Reactions NOT in List**

**\*WARNING!\*** Only use the boxes below if you are sure the patient has a NON-STUDY drug allergy, i.e. NOT listed in the categories below and / or NOT specifically named:

Penicillins  
 Other named antibiotics  
 NSAIDs  
 Opioids  
 Other named analgesics  
 Muscle relaxants  
 Propofol  
 Sugammadex  
 Contrast media  
 Chlorhexidine  
 Iodine  
 Nickel  
 Latex  
 Medical dyes  
 Local anaesthetics  
 Colloids  
 Named Cardiac drugs  
 Named Obstetric drugs  
 Named antiemetic drugs  
 Dressings / tapes

If the drug(s) belongs in any of the above categories please go back up to Subsection A and ensure they are properly coded by category before proceeding.

Please confirm that the drug(s) are not covered by any of the classes above:

NOT in classes above

Please type in the name of any drug allergy NOT in study list above:

\_\_\_\_\_

Please BRIEFLY describe the allergy:

\_\_\_\_\_

Any more to add?

- Yes  
 No

Please type in the name of any drug allergy NOT in study list above:

\_\_\_\_\_

Please BRIEFLY describe the allergy:

\_\_\_\_\_

Any more to add?

- Yes  
 No

Please type in the name of any drug allergy NOT in study list above:

\_\_\_\_\_

Please BRIEFLY describe the allergy:

\_\_\_\_\_



Any more to add?

- Yes  
 No

Please type in the name of any drug allergy NOT in study list above:

\_\_\_\_\_

Please BRIEFLY describe the allergy:

\_\_\_\_\_

Any more to add?

- Yes  
 No

Please type in the name of any drug allergy NOT in study list above:

\_\_\_\_\_

Please BRIEFLY describe the allergy:

\_\_\_\_\_

Any more to add?

- Yes  
 No

**MULTIPLE ALLERGIES:**

-please type in the name(s) of any remaining drug allergies NOT already entered above

\_\_\_\_\_

-please include a brief description of the reaction on the same line

-please separate drugs on separate lines

### **-Non-Drug Allergy Issue**

What were the non-drug allergy issue(s)? (tick all that apply)

- Needle-phobia  
 Falls risk  
 Anxiety  
 Food  
 Pets  
 Hay fever, rhinitis, asthma, eczema or dust allergy  
 Hives, urticaria or angioedema  
 Other

Other:

\_\_\_\_\_

### **3. Follow-Up Screening**

Does local policy indicate systemic (non-topical) antibiotic prophylaxis for the procedure?

- Yes  
 No

\*for operations where antibiotics MAY be given semi-electively, e.g. lap cholecystectomy, please check 'Yes'\*

First-line PRIMARY antibiotic:

- Penicillin e.g. Amoxicillin, Tazocin
- Cephalosporin e.g. Cefuroxime, Ceftriaxone
- Quinolone e.g. Ciprofloxacin, Ofloxacin
- Aminoglycoside e.g. Gentamicin
- Glycopeptide e.g. Vancomycin, Teicoplanin
- Clindamycin
- Doxycycline
- Metronidazole
- Local transplant protocol

**\*WARNING!\*** You have NOT selected transplant antibiotics for what appears to be transplant patient.

Please confirm your selections before continuing.

**\*WARNING!\*** You have selected transplant antibiotics for what appears to be a NON-TRANSPLANT patient.

Please confirm your selections before continuing.

Does your local transplant protocol include  $\beta$ -LACTAM antibiotics as first-line prophylaxis? E.g. penicillins, cephalosporins, carbapenems

- Yes
- No

First-line ADDED antibiotic(s):

- Gentamicin
- Gentamicin, Metronidazole
- Metronidazole
- None

**\*WARNING!\*** You appear to have selected an unusual combination of antibiotics.

Please confirm your selections before continuing.

Second-line PRIMARY antibiotic for  $\beta$ -LACTAM-allergy:

- Quinolone e.g. Ciprofloxacin, Ofloxacin
- Aminoglycoside e.g. Gentamicin
- Glycopeptide e.g. Vancomycin, Teicoplanin
- Clindamycin
- Doxycycline
- Metronidazole

Second-line ADDED antibiotic(s):

- Gentamicin
- Gentamicin, Metronidazole
- Metronidazole
- None

**\*WARNING!\*** You appear to have selected an unusual combination of antibiotics.

Please confirm your selections before continuing.

Is the patient having cataract surgery?

- Yes
- No

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---

### **\*End of Pre-Op Survey / Follow-Up\***

The patient's history and / or wristband appear to indicate NO drug allergies or non-drug issues, further information not required.

The patient's history and / or notes appear to indicate NO requirement for  $\beta$ -LACTAM antibiotics in the context of  $\beta$ -LACTAM allergy NOR any OPIOID allergy label(s) in the context of non-cataract surgery; further information NOT required.

This patient appears to have either a  $\beta$ -LACTAM requirement with a  $\beta$ -lactam allergy AND / OR opioid allergy label(s) in the context of non-cataract surgery; they are therefore suitable for inclusion for DALES follow-up.

Please use standard DALES pseudo-identifiers as below:

-Study day 1, 2 or 3 (D1, D2 or D3)

-Theatre number (TH1, TH2, TH3...)

-Theatre complex code if your hospital has more than one 'Theatre 1' (A-F)

-Patient order on list (P1, P2, P3...)

**\*WARNING!\*** Ensure pseudo-identifier is correctly coded or patient will be lost to follow-up:

Study day

- D1
- D2
- D3

Theatre

- TH1
- TH2
- TH3
- TH4
- TH5
- TH6
- TH7
- TH8
- TH9
- TH10
- TH11
- TH12
- TH13
- TH14
- TH15
- TH16
- TH17
- TH18
- TH19
- TH20
- TH21
- TH22
- TH23
- TH24
- TH25
- TH26
- TH27
- TH28
- TH29
- TH30
- TH31
- TH32
- TH33
- TH34
- TH35

Theatre complex

(select 'A' by default / if only one complex)

- A
- B
- C
- D
- E
- F

Patient order

- P1
- P2
- P3
- P4
- P5
- P6
- P7
- P8
- P9
- P10
- P11
- P12
- P13
- P14
- P15
- P16
- P17
- P18
- P19
- P20

You're finished! Ensure you are online / have signal then hit 'Submit'

# DALES Antibiotic Follow-Up

Please confirm the case then complete the form below.

---

---

## Case [pseudo\_day]-[pseudo\_th]-[pseudo\_complex]-[pseudo\_order] ([speciality])

-patient's history and / or wristband includes allergy to certain antibiotics

-patient's history and / or wristband includes allergy to certain analgesics

-patient's history and / or notes includes allergy to other non-antibiotic, non-analgesic drugs OR non-drug allergies

---

---

## Cancellation?

-was the case cancelled BEFORE theatre?

- Yes  
 No

Confirm cancellation and end survey?

- Yes

\*WARNING!\* This cannot be undone!

---

---

## 1. Antibiotic Administration

You have previously documented the following local prophylaxis for this patient:

-first-line: [first\_line] (+ [first\_line\_2nd])

-second-line: [second\_line] (+ [second\_line\_2nd])

You have previously documented the following local prophylaxis for this patient: Local transplant protocol

Which antibiotic(s) did the patient receive?

- First-line prophylaxis  
 Second-line prophylaxis  
 Non-standard antibiotic(s)  
 No antibiotics given / charted

\*WARNING!\* You appear to have selected 'First-line prophylaxis' which suggests a  $\beta$ -LACTAM antibiotic has been given to a  $\beta$ -LACTAM allergic patient.

Please confirm your selection before continuing.

-was an antibiotic test dose documented?

- Yes  
 No

-did the Non-standard Antibiotics include a Penicillin?

- Yes  
 No

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## 2. Anaesthetic Documentation

Did the anaesthetist document the patient as actively infected or colonised with MRSA / a Penicillin-resistant organism?

- Yes  
 No

I.e. did antibiotic choice involve a resistant organism?

**\*WARNING!\*** You have selected a rare option; usually patients will be de-colonised before surgery.

- Confirm no resistant organisms

Please confirm your selection before continuing; if not, un-code 'resistant organism'.

Did an anaesthetist document  $\beta$ -LACTAM allergy themselves on the anaesthetic chart?

- Yes  
 No

-if so, did the anaesthetist make any specific documentation that they were NOT concerned about the allergy?

- Yes -allergy scored out on anaesthetic sheet  
 Yes -allergy scored out on drug chart  
 Yes -added details suggesting non-allergic GI symptoms only  
 Yes -added details indicating uneventful use of antibiotic in question in theatre today  
 No

**\*WARNING!\*** You appear to have selected 'No' but with other selections also.

Please confirm your selections before continuing.

---



---

## 3. Adverse Events -Allergy-Related ONLY

Did the anaesthetist explicitly document a suspected anaphylactic reaction?

- Yes  
 No

This does NOT include, e.g. simple cardiovascular instability.

Did any of the following things happen during the case?

- Use of Chlorphenamine (Piriton)  
 Unplanned use of Hydrocortisone  
 Adrenaline given  
 Post-op plan for Tryptase levels  
 Patient unexpectedly admitted to hospital / Critical Care  
 None of the above

**\*WARNING!\*** You appear to have selected 'None of the above' but with other selections also.

Please confirm your selections before continuing.

---

---

## End of Antibiotic Follow-Up

You're finished! Ensure you are online / have signal then hit 'Submit'

# DALES Opioid Analgesia Follow-Up

Please confirm the case then complete the form below.

---

---

## Case [pseudo\_day]-[pseudo\_th]-[pseudo\_complex]-[pseudo\_order] ([speciality])

-patient's history and / or wristband includes allergy to certain antibiotics

-patient's history and / or wristband includes allergy to certain analgesics

-patient's history and / or wristband includes allergy to non-antibiotic, non-analgesic drugs OR non-drug allergies

---

---

## Cancellation?

-was the case cancelled BEFORE theatre?

- Yes  
 No

Confirm cancellation and end survey?

- Yes

\*WARNING!\* This cannot be undone!

---

---

## 1. Opioids Given / Prescribed

Which opioid(s) did they receive OR were they prescribed?

Please include take home medications.

- Alfentanil  
 Co-codamol  
 Co-dydramol  
 Diamorphine  
 Fentanyl  
 Morphine  
 Oxycodone  
 Remifentanil  
 Tramadol  
 None

\*WARNING!\* You appear to have ticked 'None' but have also selected other opioids.

Please review your answers above.

---

---

## 2. Prophylactic Treatments

How many anti-emetics did the patient receive?  
(counting GA with TIVA as +1)

- One  
 Two  
 Three or more  
 None

Did the patient take or receive PROPHYLACTIC  
antihistamines PRE-OP? E.g. Piriton

- Yes  
 No



---

---

### 3. Anaesthetic Documentation

Did an anaesthetist document OPIOID allergy / sensitivity themselves on the anaesthetic chart?

- Yes  
 No

-if so, did the anaesthetist make any specific documentation that they were NOT concerned about the allergy?

- Yes -allergy scored out on anaesthetic sheet  
 Yes -allergy scored out on drug chart  
 Yes -added details suggesting non-allergic GI symptoms only  
 Yes -added details indicating uneventful use of opioid(s) in question in theatre today  
 No

\*WARNING!\* You appear to have selected 'No' but with other selections also.

Please confirm your selections before continuing.

---

---

### 4. Adverse Events -Allergy-Related ONLY

Did the anaesthetist explicitly document a suspected anaphylactic reaction?

- Yes  
 No

This does NOT include, e.g. simple cardiovascular instability.

Did any of the following things happen during the case?

- Unplanned use of Chlorphenamine (Piriton)  
 Unplanned use of Hydrocortisone  
 Adrenaline given  
 Post-op plan for Tryptase levels  
 Patient unexpectedly admitted to hospital / Critical Care  
 None of the above

\*WARNING!\* You appear to have selected 'None of the above' but with other selections also.

Please confirm your selections before continuing.

---

---

### End of Opioid Follow-Up

You're finished! Ensure you are online / have signal then hit 'Submit'