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

---

*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)

---

*Consent / Pre-Screening*

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

TO THE PATIENT:  

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

○ Yes  ○ No

TO THE PATIENT:  

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

○ Yes  ○ No

Patient's age range?  

○ 16-25  
○ 26-50  
○ 51-75  
○ >75
Gender?  
〇 Male 〇 Female

PRE-SCREENING QUESTION 1, TO THE PATIENT:  
"Do you have ANY allergies?"
inox the patient reports any allergies OR sensitivities check 'Yes'

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'

*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

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'.

**PRE-SCREENING MATRIX:**

<table>
<thead>
<tr>
<th>Hay fever, rhinitis, asthma, eczema, dust allergy</th>
<th>Patient reports</th>
<th>On wristband +/- notes</th>
</tr>
</thead>
</table>

| Hives, urticaria, angioedema, tendency to swelling |               |                       |

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

Please confirm your selections before continuing.
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.

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

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

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**-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

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  

-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:

________________________________________

-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

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

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

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-Ttrimoxazole (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

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.

**Opioids Including Tramadol**

Which opioid analgesic(s):
- Co-Dyramol
- 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-Dyramol 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):
- Amitryptyline
- Gabapentin
- Pregabalin
- Paracetamol
- Other NON-STUDY analgesic(s)

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

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
-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

-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

-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.
**-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

---

**-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

---

**-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. 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

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

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

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

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. 
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, Prochlorperizine (Stemetil)
- Steroids e.g. Dexamethasone
- Other NON-STUDY antiemetic

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

---

### *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 β-LACTAM antibiotics in the context of β-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 β-LACTAM requirement with a β-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:

<table>
<thead>
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<th>Study day</th>
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<tbody>
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</table>
Patient order

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- 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 β-LACTAM antibiotic has been given to a β-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
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 β-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?
  □ Alfentanil
  □ Co-codamol
  □ Co-dydramol
  □ Diamorphine
  □ Fentanyl
  □ Morphine
  □ Oxycodone
  □ Remifentanil
  □ Tramadol
  □ None

Please include take home medications.

*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'