

To whom it may concern:

_____ is suspected of having episodes of **Anaphylaxis**, and has adrenaline for self-injection. I am not convinced that this diagnosis has been firmly established. I have suggested that the next time he/she has a reaction he/she should be objectively assessed, preferably before adrenaline is given.

His/Her resting pulse is normally around _____, B.P. is normally _____ and Peak Flow is normally around _____

Kindly circle any of the symptoms or signs that you have verified:

- Mouth - Itching and swelling of lips, tongue or mouth
- **Throat - Itching or sense of tightness in throat, hoarseness, hacking cough**
- Skin - Hives, itchy rash, swelling of face or extremities
- Gut - Nausea, abdominal cramps, vomiting, and/or diarrhoea
- **Lungs - Shortness of breath, repetitive coughing, wheezing**
- **Heart - "Thready" pulse, "passing-out"**

Kindly record **presence or absence** of the following signs:

Skin:

Hives (Urticaria) Yes [] No []
Angioedema (swelling) Yes [] No []; site _____

Eyes: Conjunctivitis Yes [] No []

Throat: Swollen Uvula / Tongue / Vocal cords: Yes [] No []

CVS:

Pulse: rate _____, Volume _____ B.P. _____

Respiratory System:

Sneezing Yes [] No []
Rhinorrhoea Yes [] No []
Respiratory rate _____
Peak Flow: _____
Audible wheeze Yes [] No []

CNS:

Level of Consciousness _____

Investigation:

Clotted blood taken for **Mast Cell Tryptase** (Up to 6 hours after event) Yes [] No []

Thank you for your assistance in helping to prevent yet another person living their life in unnecessary fear.

Signed: _____ Position: _____

Yours sincerely,

Vincent St. A. Crump
Auckland Allergy Clinic