

Vancouver Coastal Health Perioperative Anaphylaxis Clinic (POAC)

Please email to allergy@vch.ca or fax: 778-504-9779

Please send demographic sheet and anesthetic record.

Incomplete referrals will be returned

Please give the patient the email above and instruct to them contact us if they have not heard from our secretary in 2 weeks.

Attached patient label	First Name: Last Name: Sex: Age: DOB (dd/mm/yyyy): PHN: MRN: Email: Phone number:	
Family Doctor:	Date of referral:	Routine <input type="checkbox"/> Urgent <input type="checkbox"/> <small>*Note the clinic runs every 4-6 weeks</small>
Referring Physician:	Please send the surgical and anesthetic records of the suspected anaphylactic event <input type="checkbox"/>	
History: -Please include hospital site and date of the reaction.		
-What was the reaction? Please describe the event and patient reaction.		
-What treatment did the patient receive? Was epinephrine given?		
- Please check the medications the patient received intraoperatively	<ul style="list-style-type: none"> • Cefazolin <input type="checkbox"/> • Chlorhexidine <input type="checkbox"/> (impregnated lines, surgical prep) • Propofol <input type="checkbox"/> • Fentanyl <input type="checkbox"/> • Hydromorphone <input type="checkbox"/> • Midazolam <input type="checkbox"/> • Rocuronium <input type="checkbox"/> • Cisatracurium <input type="checkbox"/> • Succinylcholine <input type="checkbox"/> • Lidocaine <input type="checkbox"/> • Bupivacaine <input type="checkbox"/> • Methylene Blue <input type="checkbox"/> • Sugammadex <input type="checkbox"/> 	Others:
- In your opinion, which agent is the likely culprit?		
-Was a tryptase sent?		

