Mini-Sentinel:
Anaphylaxis Validation
Abstraction Form

Instructions: This form is for use in validation of discharge diagnosis codes for anaphylaxis. See Instruction Manual for detailed guidelines for each form item.

**For inpatient charts, focus your detailed abstraction on the first 48 hours**

Abstractor’s Initials

Abstraction Date
Section 1: General information

1. Was this an inpatient visit?  
   ___YES  
   ___NO  
   If YES, record admission and discharge dates as well as discharge status below:  
   1a. Date of admission:  __ __ / __ __ / __ __ __ __  
   1b. Date of discharge:  __ __ / __ __ / __ __ __ __  
      ___UNKNOWN  
   1c. Discharged to:  
      ___HOME  
      ___DIED  
      ___OTHER:______________________  
   **Focus on first 48 hours**

2. Was this an emergency department visit?  
   ___YES  
   ___NO  
   If YES, record admission and discharge dates as well as discharge status below:  
   2a. Date of visit:  __ __ / __ __ / __ __ __ __  
   2b. Date of discharge:  __ __ / __ __ / __ __ __ __  
      ___UNKNOWN  
   2c. Discharged to:  
      ___HOME  
      ___ADMIT  
      ___DIED  
      ___OTHER:______________________  

3. Was this an outpatient visit?  
   ___YES  
   ___NO  
   If YES, record date of visit as well as discharge status below:  
   3a. Date of visit:  __ __ / __ __ / __ __ __ __  
      ___UNKNOWN  
   3b. Discharged to:  
      ___HOME  
      ___ADMIT  
      ___OTHER:______________________  

Anaphylaxis Validation Workgroup
4. Was this patient transferred from another hospital?  
   ___YES
   ___NO

4a. Date of transfer:  
   ___/___/______
   ___UNKNOWN

5. Age:  
   ___(years)
   ___(months if under 2 years)
   ___UNAVAILABLE

6. Gender:  
   ___MALE
   ___FEMALE
   ___UNAVAILABLE
Anaphylaxis Validation Workgroup

Section 2: Medical History

<table>
<thead>
<tr>
<th>TABLE I. Clinical Criteria for Diagnosing Anaphylaxis¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaphylaxis is highly likely when any of the following 3 criteria are fulfilled:</td>
</tr>
<tr>
<td>1. Acute onset of an illness (minutes to several hours) with involvement of the skin, mucosal tissue, or both (eg, generalized hives, pruritus or flushing, swollen lips-tongue-uvula) AND AT LEAST ONE OF THE FOLLOWING:</td>
</tr>
<tr>
<td>a. Respiratory compromise (eg, dyspnea, wheeze-bronchospasm, stridor, reduced PEF, hypoxemia)</td>
</tr>
<tr>
<td>b. Reduced BP or associated symptoms of end-organ dysfunction (eg, hypotonia [collapse], syncope, incontinence)</td>
</tr>
<tr>
<td>2. Two or more of the following that occur rapidly after exposure to a likely allergen for that patient (minutes to several hours):</td>
</tr>
<tr>
<td>a. Involvement of the skin-mucosal tissue (eg, generalized hives, itch-flush, swollen lips-tongue uvula)</td>
</tr>
<tr>
<td>b. Respiratory compromise (eg, dyspnea, wheeze-bronchospasm, stridor, reduced PEF, hypoxemia)</td>
</tr>
<tr>
<td>c. Reduced BP or associated symptoms (eg, hypotonia [collapse], syncope, incontinence)</td>
</tr>
<tr>
<td>d. Persistent gastrointestinal symptoms (eg, crampy abdominal pain, vomiting)</td>
</tr>
<tr>
<td>3. Reduced BP after exposure to known allergen for that patient (minutes to several hours):</td>
</tr>
<tr>
<td>a. Infants and children: low systolic BP (age specific) or greater than 30% decrease in systolic BP*</td>
</tr>
<tr>
<td>b. Adults: systolic BP of less than 90 mm Hg or greater than 30% decrease from that person’s baseline BP</td>
</tr>
<tr>
<td>Abbreviations: PEF, Peak expiratory flow; BP, blood pressure.</td>
</tr>
<tr>
<td>*Low systolic blood pressure for children is defined as less than 70 mm Hg from 1 month to 1 year, less than (70 mm Hg + [2 x age]) from 1 to 10 years, and less than 90 mm Hg from 11 to 17 years.</td>
</tr>
</tbody>
</table>


7. Please describe the event and symptoms briefly which may be anaphylaxis (include potential exposure and clinical outcome):
8. Was there exposure to a known or likely allergen?
   ___YES
   ___NO

8a. If YES, please record the approximate date and time.
   Approx. Date: ___/___/______
   ___UNKNOWN
   Approx. Time: __:__ (military time)
   ___UNKNOWN

8b. If YES, what was the time frame between exposure and onset of symptoms?
   ___ MINUTES
   OR ___ HOURS
   OR ___ DAYS

8c. List the known or likely allergen: ________________________________________________

8d. If applicable, please describe why the allergen is considered likely:
   ______________________________________________________________________________
   ______________________________________________________________________________

9. Was there a documented acute episode (minutes to several hours) of symptoms consistent with involvement of skin, mucosal tissue or both within 8 hours of the exposure (if known) or of presentation if no known exposure? (Symptoms include: generalized hives, pruritis, flushing, swollen lips-tongue-uvula)
   ___YES
   ___NO
   ___UNKNOWN
### SKIN FINDINGS

10. Were there skin signs or symptoms?

- **YES**
- **NO**
- **UNKNOWN**

10a. What were the skin findings?

- **HIVES**
- **PRURITIS**
- **FLUSHING**
- **RASH (describe):**
- **OTHER (describe):**

10b. Describe skin findings: ______________________________________________________

________________________________________________________________________________

### MUCOSAL FINDINGS

11. Were there mucosal signs or symptoms?

- **YES**
- **NO**
- **UNKNOWN**

11a. What were the mucosal findings?

- **RED, SWOLLEN EYES**
- **SWOLLEN TONGUE, LIPS, UVULA**
- **TIGHT THROAT**
- **OTHER (describe):**

________________________________________________________________________________
### RESPIRATORY FINDINGS

12. Were there respiratory signs/symptoms within 8 hours of the exposure (if known) or of presentation if no known exposure?

- **YES**
- **NO**
- **UNKNOWN**

12a. What were the respiratory findings?

- **DYSPNEA/SHORTNESS OF BREATH**
- **WHEEZE**
- **STRIDOR**
- **REDUCED PEAK EXPIRATOR FLOW**
- **APNEA**
- **HYPOXEMIA**
- **RESPIRATORY ARREST**
- **COUGH**
- **OTHER (describe): ____________________**

### BLOOD PRESSURE FINDINGS

13. Was there reduced blood pressure within 8 hours of the exposure (if known) or of presentation if no known exposure?

   - **Aged 1 month – 1 year:** Systolic BP <70
   - **Aged 1 – 10 years:** (70 mm Hg + [2 x age]) (This is a rough estimate, need height for accurate BP)
   - **Aged over 11 years:** Systolic BP <90

- **YES**
- **NO**
- **UNKNOWN**

13b. If YES, how many low systolic blood pressures were there within the 8 hours of the exposure or of onset of symptoms?

- **1**
- **2**
- **3**
- **4**
- **MORE THAN 4**

14. Were there symptoms of end-organ dysfunction?

- **YES**
- **NO**
- **UNKNOWN**

14a. What were the end-organ dysfunction findings?

- **SYNCOPE**
- **INCONTINENCE**
- **CARDIAC ARREST**
- **CHANGE IN LEVEL OF ALERTNESS**
- **UTERINE CRAMPING**
- **OTHER (describe):____________________**
GASTROINTESTINAL FINDINGS

15. Were there gastrointestinal symptoms within 6-8 hours of the exposure (if known) or of presentation if no known exposure?
   ___YES
   ___NO
   ___UNKNOWN

15a. What were the gastrointestinal findings?
   ___ABDOMINAL PAIN
   ___ABDOMINAL CRAMPING
   ___VOMITING
   ___DIARRHEA
   ___OTHER (describe):_____________________

16. Does the patient have a past history of anaphylaxis?
   ___YES
   ___NO
   ___UNKNOWN

17. Does the patient have a history of food or medication allergy?
   ___YES
   ___NO
   ___UNKNOWN

18. Does the patient have a past history of asthma?
   ___YES
   ___NO
   ___UNKNOWN

19. Does the patient have a past history of allergic rhinitis?
   ___YES
   ___NO
   ___UNKNOWN

20. Does the patient have a past history of atopic dermatitis?
   ___YES
   ___NO
   ___UNKNOWN
Section 3: Vital Signs

21. Record vital signs below as described below.

___NONE AVAILABLE

Instructions: Please list blood pressure measured most immediately after exposure and within 8 hours of exposure. If no known exposure, please list vital signs upon presentation to the hospital and within 8 hours of presentation.

<table>
<thead>
<tr>
<th></th>
<th>Date (mm/dd/yyyy)</th>
<th>Time (military)</th>
<th>BP Systolic/diastolic</th>
<th>Temperature</th>
<th>Heart Rate</th>
<th>Respiratory rate</th>
<th>Oxygen saturation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s.</td>
<td><em>/__/</em>___</td>
<td>:</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 4: Medications Administered

22. Was epinephrine administered (oral, intramuscular or subcutaneous) within 8 hours of the exposure (if known) or of presentation if no known exposure?

___YES
___NO
___UNKNOWN

23. Was albuterol administered within 8 hours of the exposure (if known) or of presentation if no known exposure?

___YES
___NO
___UNKNOWN

24. Were oral or intravenous steroid administered within 8 hours of the exposure (if known) or of presentation if no known exposure?

___YES
___NO
___UNKNOWN

25. Were H2 blockers administered (Famotidine (Pepcid), Diphenhydramine (Benadryl)) within 8 hours of the exposure (if known) or of presentation if no known exposure?

___YES
___NO
___UNKNOWN

26. Were there other pertinent medications given?

___YES
___NO
___UNKNOWN

Please list: __________________________________________
_________________________________________________________________

27. Was oxygen administered?

___YES
___NO
___UNKNOWN

28. Was the patient intubated?

___YES
___NO
___UNKNOWN
29. Was the patient given a tracheostomy?

___YES
___NO
___UNKNOWN

30. Did the patient require chest compressions?

___YES
___NO
___UNKNOWN

31. Other pertinent treatment?

___YES
___NO
___UNKNOWN

If YES, list: _____________________________________

Section 5: Disposition

32. Discharge status

___ALIVE
___DEAD (cause of death if noted)____________________

32a. ___Patient dead on arrival
32b. ___Patient died in the emergency room
32c. ___Other/Unknown
___UNKNOWN

33. Was patient transferred to another hospital?

___YES
___NO
___UNKNOWN

Section 6: Post-mortem (ONLY COMPLETE IF DEAD)

34. Was an autopsy performed?

___YES (attach copy of report)
___NO
___UNKNOWN
Section 7: Inpatient stays >48 hours

35. For inpatient stays >48 hours, was anaphylaxis or an allergic reaction documented in the first 48 hours?

___YES  
___NO

36. If NO, in your review of the rest of the chart, was there ever any mention of anaphylaxis or an allergic reaction occurring after the first 48 hours?

___YES  
___NO

If YES, please record date of first documentation and page number below:

________ Date of first documentation

________ Page #