

*ANGLISS HEALTH SERVICE
DEPARTMENT OF EMERGENCY
MEDICINE & AMBULATORY CARE*

SHORT STAY UNIT

Attach Patient Label

ALLERGIC REACTIONS

ADMISSION DATE: **ESTIMATE LOS:**

ADMISSION TIME:

**RECEIVING SENIOR MEDICAL OFFICER /
CONSULTANT:**

DATE & TIME SEEN:

ADMISSION CRITERIA

- Allergic skin reaction, or Post acute management of anaphylaxis

EXCLUSION CRITERIA

1. Likely LOS > 24 hours
2. Incomplete Management plan
3. Incomplete baseline investigations
4. Unstable vital signs
5. Persistent pulmonary complications or O2 Sat < 90% on air
6. Ongoing adrenaline requirement
7. Anaphylaxis with major CVS comorbidity
8. Airway compromise

BASELINE INVESTIGATIONS

INTERVENTIONS

IV fluids No Yes (as charted)

Drugs

	Dose	Freq	Route	Prescribed	Not prescribed	Reason for Variance
Prednisolone	0.5-1 mg/kg	Daily	PO	<input type="checkbox"/>	<input type="checkbox"/>	
Promethazine	25mg	bd-tds	PO	<input type="checkbox"/>	<input type="checkbox"/>	
Salbutamol	5mg	prn	neb	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen						

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Clinical Observations

Measure	Frequency (circle)						Notify MO if >	Notify MO if <
<input type="checkbox"/> Temp	1	2	4	6	8	hrly	38	35
<input type="checkbox"/> Pulse	1	2	4	6	8	hrly	100	60
<input type="checkbox"/> Resp	1	2	4	6	8	hrly	20	8
<input type="checkbox"/> Blood Press.	1	2	4	6	8	hrly	160syst	100syst
<input type="checkbox"/> SpO ₂	1	2	4	6	8	hrly		93
<input type="checkbox"/> Neuro Obs	1	2	4	6	8	hrly	GCS decreases > 1point	
<input type="checkbox"/> Limb Obs	1	2	4	6	8	hrly	N/A	N/A
<input type="checkbox"/> BSL	1	2	4	6	8	hrly	N/A	N/A
<input type="checkbox"/>	1	2	4	6	8	hrly		
<input type="checkbox"/>	1	2	4	6	8	hrly		

Diet

- Full (unrestricted)
 Fluids Only
 Nil orally
 Other

Mobility

- Full
 Toilet only
 Rest in Bed

Subsequent investigations

REFERRAL & CONSULTATION

	Call Time	Seen Time		Call Time	Seen Time
<input type="checkbox"/> Social Work			<input type="checkbox"/> PAC		
<input type="checkbox"/> CATT			<input type="checkbox"/> Disposition Nurse		
<input type="checkbox"/> Physiotherapy			<input type="checkbox"/> Physician		
<input type="checkbox"/> Occupational Therapy			<input type="checkbox"/> Geriatrician		
<input type="checkbox"/> PATHS			<input type="checkbox"/>		
<input type="checkbox"/> General Practitioner			<input type="checkbox"/>		

