

Paediatric RAH/IRH Allergy Form

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<p style="text-align: center;"><u>Patient Demographics</u></p> <p>Name</p> <p>Address</p> <p>CHI</p>	<p>Date / /</p> <p>Age</p> <p>Seen by</p> <p>Age <1</p> <p>School / Nursery</p>
<p>History:</p> <p>Asthma Possible allergen?</p>	
<p>Parent contact number</p> <p>.....</p> <p>GP:</p>	<p style="text-align: center;"><u>Discharge Criteria</u></p> <ul style="list-style-type: none"> • Reacted to known allergen and f/u at allergy clinic already • Generalised allergic reaction which has settled with antihistamines • Refer RHC if anaphylaxis or extreme parental anxiety
<u>ED Discharge checklist</u>	
<ul style="list-style-type: none"> • Allergy advice leaflet • Piriton liquid for allergic reaction • Complete letter on TRAK to GP aware of RAH allergy clinic follow-up 	<ul style="list-style-type: none"> • Yes <input type="checkbox"/> No <input type="checkbox"/> • Yes <input type="checkbox"/> No <input type="checkbox"/> • Yes <input type="checkbox"/> No <input type="checkbox"/>

Return completed forms to Dr Nadia Qayyum, Consultant Paediatrician, RAH
 Secretary: Susan Bryce, 0141 314 6910
 Ensure ED card scanned to portal