### Investigation form for anaphylaxis/severe complications

### following contraceptive usage

This has to be filled by MOH for any complication mentioned under section 5 of Form I, except anaphylaxis/suspected anaphylaxis and sent within 14 days of notification of the event to Director. Maternal and Child Health, with a copy to MO.MCH.

In case of anaphylaxis /suspected anaphylaxis following contraceptive usage, this has to be filled by a district level team headed by MO.MCH, and sent within 7 days of notification of the event to Director. Maternal and Child Health.

#### **Section 1- General Information**

1.1.Information	of the patient	•						
Name	•	***************************************	MOH division					
						2 2.Information		
Age (Years)				PHM are	a	imotat terana 2		
Parity	ammile Someon	e ony or permi	n no len sunen	Address	& contact numb	per		
						Thomas of all and		
				sourcise garano	is for remain by	nama to tanum 1		
Di Di	mont out name	CHEST MARKET STREET	hoek you had but	abooted are Sin	miscussed as and	de anin agaisen		
1.2.Information								
OCP	DM DM	PA	Implant		Condom	No per		
Brand (if releva	int)		Batch numbe	r(if relevant)		1		
Date of manufa	acture (if releva	int)	Date of	f expiry (if rel	evant)	A Proposition of the		
						4		
Date of receipt of			vider					
Storage condition				- AMERICAN		уплозан плозан		
Drugs/commodit				Yes	No 🗌	us redmun domed		
Drugs/commodit				Yes ·	No 🗌	59		
Drugs/commodit				Yes	No 🗌			
Physical appeara	nce of package Damaged		red Othe	r (Specify)	Management	2.3 Emergency		
			ministr					
1.3.Information	regarding oth	er drugs and	commodities u	sed, if any, (fo	r administrati	on of the		
family planning	method or fe	or performing	the procedure	Eg: syringes.	anaesthetic di	rugs		
Drug/commodity	Brand	Batch no	Date of	Date of	Physical	Storage		
	ment lones Y	I No L	manufacture	expiry	appearance	condition of		
	Yas I'''	went voneons	ible in this cus	bipment avail		the product		
	(F)							

## Section 2 –Information on family planning service provision

2.1.Information regarding the service provider							
Government	Name of the Institution						
Private	Arthur Markanar						
Non Governmental Organization	and the same of th						
Type of clinic Poly clinic Combined	clinic Family planning only NR NR						
Who provided the service?	ise min ervindudum minsdenevervindudum ida.						
VOG MOH MO RMO AMO PHNS/NS/NO PHI PHM							
Other (Specify)							
Information about other staff available at the clinic/theatre							
Designation of the officer Work experience							
	ent to Unrector. Malernal and Child He itls.						
	con le General information						
	,						
	raiseag sar to nonemionica						
nojebnih ROM	Same						
2.2.Information about service provision:							
General information.	The data of the state of the st						
Number of participants/patients for the clinic/theatre method?	list on the day of performance/administration of the						
Number of clients for family planning services							
Average time spent on performing the procedure (LI	RT/Vasectomy)/administering the method						
Date and time the method administered/performed	telegraphics reporting the contractive company						
Pre-assessment	golden I AGNG III TYO						
Who performed the pre-assessment-							
Blood pressure during the pre-assessment -	and (niveleyant)						
Any condition of category 2, 3 or 4 of WHO Medical EligibilityCriteria Wheel(adapted for Sri Lanka)							
Record keeping	1501 FOR THE BARRY DAY OF THE SECURE OF THE						
	the alient record						
Batch number and brand of the commodity written in the client record  Yes No NR							
[3 0x [] sor	ingline work or being with terms and						
2.3 Emergency Management							
Staff member (designation) Whether undergone Emergency Management							
	Training						
I will be made attributed and a week to be to will	Yes No Year of training						
anne la citadia e con estadia de con X (annie	Yes No Year of training Yes						
	Yes No Year of training Yes						
The politication of the political and the politi	Yes No Year of training Yes						
All the required drugs and equipment available i							
The division of the state of th							

### Section 3 - Clinical history

	(Attach extra pa	pers if needed)				
Date and time of onset of	symptoms who are marked as a marked to a m	eme				
First contact: VOG	MOH ☐ MO ☐ RMO/AMO ☐ PHNS/NS/NO ☐ SP	HM/PHM				
Other (Specify)						
Date l	d d m m y y y y  Time	ım/pm				
Name of the hospital	Date and time of admission   Ward number   BHT number	per				
	Gastro-Intestroal I	Vauleni				
	many2	1010				
Contraceptive History		anatola.				
For new acceptors	For current users					
Date of acceptance	Date of previous dose					
	Duration of use					
	Brands used					
Any previous methods us		ancon States				
Any history of adverse ev	vents for contraceptive methods?	mh 5d) 10 9				
adileratio adilerate	Affect Af					
Past Medical History	100	b "Landon				
Any known allergies(foo	d, drugs, latex etc)-	cartier				
	has had within 2 weeks prior to the event-					
	een on, within the preceding 2 weeks of the event-					
Any chronic disease						
Any significant diseases	in the past-					
D 4 C -1-1 TY:-4-		100000000000000000000000000000000000000				
Past Surgical History		HOTE BOOK				
		Company and a second				
	other than anaphylaxis/suspected anaphylaxis),					
(For anaphylaxis/suspected a	anaphylaxis fill the relevant part in Section 5)					
	(Attack auton mon	ama if u andad)				
Janagement (for ments	(Attach extra pap other than anaphylaxis/suspected anaphylaxis; specify the dose, strength, route					
dministration of each drug)	omer man unaphymaxis suspecieu unaphymaxis, specify me uose, sirengin, route	una sue oj				
For anaphylaxis/suspected a	naphylaxis fill the relevant part in Section 5)					
	igns/sparptoms 2 2systems involved	a To Homes El				
	(Attach extra pape	rs if needed)				
Diagnosis/Cause of dear Post mortum findings (						
ost mortum maings (	ii reievant)					
Section 4- Clustering of	Toyonta	and the same				
section 4- Clustering of	events.					
	ner clients who attended the same clinic Yes	No				
similar events among of						

# Section 5 (In case of an anaphylaxis and suspected anaphylaxis this section has to be filled by a district level team headed by the MO.MCH).

System involved	Sign or symptom	Date and time of appearance***	System involved	Sign or symptom	Date and time of appearance
Skin and Mucosa <sup>1</sup> (Specify the site)	me t—— 1 Bett nur	Ward number	Central Nervous System <sup>4</sup>	Date of Date of	or (Specify)
Respiratory System <sup>2</sup>		·	Gastro-Intestinal System <sup>5</sup>		
Circulatory System <sup>3</sup>			Any other	(997)	ongenia mas ongenia mas

the state of the s						THE STREET				
5.2. Management							Char	n aboutam.	anoivera v	
Name of the drug	Dose &	Site	Strength	Time	BP/P	ulse	Place	Expiry date of adrenaline	Batch number of adrenaline	
-	Route				Before	After	(hospital, field.etc)			
Adrenaline 1st dose								71000011	20109W 1	
Adrenaline 2 <sup>nd</sup> dose						A XOLU	CATO III	OT MAN IDE	a IIIW Oalle V	
			AMID NO. 0	TOT EAT			C DAN GALL		III OHIO I	
Any other drugs (Sp	ecify)	400			Territoria de la constanta de	201 1111111	77 - 11111		AND COMPANY	
							and the	courselb to	andimus.	
Expiry date of adren		batch 1	number-							
Who has given adre	naline-							. wroteiel	golesni Zu	
Details of any other	procedur	es rela	ted to pati	ent mar	nagemen	t( eg: (	CPR)			
5.3. Investigations			17 14	Don't at 1			D. S. Janes		raledous us	
Blood for Mast cell tryptase 1st sample				I	Time					
Blood for Mast cell tryptase 2 <sup>nd</sup> sample				T	Time .					
Any other investigat	ion:	क्षेत्र स्था देव	andk typingal	deposes self	Results	- Graham	total tento	ASHBUS NOW	mennegna	
5.4. Diagnostic Crit	teria-		12 00	e in Seed	me sensonio	m sale tim	about patents	n hateamusea	- commence	
Rapid onset of signs/symptoms ≥ 2s					tems inv	volved				

Important signs/symptoms of each system are listed below:

- 1.Urticaria,erythema,pruritis,prickling sensation, bilateral red eye, unilateral red eye, itchy eyes , angio-oedema in tongue/throat/uvula/larynx/lip/face/limbs/others,
- 2. Sneezing, rhinorrhoea, sore throat, hoarse voice, stridor, sensation of throat closure, cough, tachypnoea, difficulty in swallowing, rhonchi, wheezing, in drawing /retractions, chest tightness, grunting, cyanosis, difficulty in breathing
- 3.Decreased central venous pressure, capillary refill time >3 sec, heart rate (specify the rate)
- 4.Loss of consciousness, distress
- 5.Diarrhoea,nausea,abdominal pain/cramps, vomiting
- \*\*\* For diagnosis of anaphylaxis it is of special importance to identify the signs/symptoms which occur before administration of adrenalin. Thus please give special attention when specifying the time.