



CORONARY ANGIOGRAM ASPIRIN (ASA) ALLERGY REFERRAL FORM

Patients with history of ASA allergy referred for either an in-patient or an out-patient coronary catheterization MUST have this form completed by the referring physician.

Indicate the type of ASA allergy:

ASA Intolerance, NO hives or respiratory symptoms

- Minor reaction such as gastro- intestinal (GI) upset Yes No
 - Previous GI bleeding Yes No
- *No pretreatment required; direct referral for coronary angiogram.*

ASA Allergy with Hives or Angioedema

- Previous exposure to ASA causing hives or angioedema Yes No
- If yes:
- NO Respiratory distress due to ASA or other COX-1 inhibitors ingestion Yes No
 - NO Serious dermatological reaction (Steven Johnson’s Syndrome, Toxic epidermal necrolysis) Yes No
 - NO Idiosyncratic reaction (Renal/Hepatic) dysfunction Yes No
- *If NO contraindications the patient will be desensitized by St Boniface Hospital staff prior to the procedure.*
- *Please give the patient the teaching guide called “If You Have an ASA allergy – What you need to know before your cardiac (Heart) procedure”. This is found on the Cardiac Sciences program web site: www.umanitoba.ca/units/cardiac_sciences/*

ASA Allergy with Aspirin-Exacerbated Respiratory Disease (AERD)

- Chronic Sinusitis Yes No
 - Severe persistent respiratory reaction within 3 hours of taking NSAID or aspirin Yes No
 - Complete Anosmia (loss of sense of smell) Yes No
 - Nasal Polyposis refractory to sinus surgery Yes No
- *If AERD present, patient can only be referred for a diagnostic coronary angiogram; decision regarding need for desensitization will be made after the procedure.*

Referral Date:

D	D	M	M	M	Y	Y	Y	Y	Y

Referring physician signature: _____