



**Western Health  
and Social Care Trust**

## **Allergy Status Documentation Policy**

**November 2022**

<b>Title:</b>	Allergy Status Documentation Policy (Adapted from NHSCT Policy)		
<b>Policy Reference (if applicable)</b>			
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<b>Approval by:</b>	Drug and Therapeutics Committee	<b>Approval Date:</b>	29 <sup>th</sup> March 2023
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<b>Version No.</b>	3	<b>Supersedes</b>	Version 2 (December 2008)
<b>Links to Other Policies, Procedures, Guidelines or Protocols:</b>	<ul style="list-style-type: none"> <li>- NICE CG183 Diagnosis and management of Drug Allergy</li> <li>- WHSCT Anaphylaxis Policy</li> </ul>		

Version Control for Drafts			
Date	Version	Author	Comments

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## 1.0 Summary of Policy

The Allergy Status Documentation Policy has been developed to address the issues surrounding documentation of allergy status and to ensure consistent and safe practice with respect to allergy documentation in WHSCT.

Allergy status is not restricted to medicines; this policy covers documentation of all allergies or sensitivities e.g. latex, food, egg, nut, soya.

Key Points:

- Allergy status should be confirmed and documented, including no known allergies (NKA), for **ALL** patients as soon as possible following admission and prior to prescribing, administering or dispensing any medicines.
- Any healthcare professional can confirm the patient's allergy status in accordance with this policy.
- Allergy status must always be checked, where possible, using at least two sources including Northern Ireland Electronic Care Record (NIECR) (updated from GP practice records) and asking the patient/carer.
- The allergies/medicines sensitivities box on the front of the main medicines kardex must be completed at all times.
- Allergy status should also be noted in any supplementary medicine kardexes or charts, the medical record, nursing notes, discharge information, inter-hospital transfer letters and referrals.
- If there is a change in the patient's allergy status during an episode of care, the allergy status should be updated and the patient, their carers/family and the GP informed as outlined in this policy.

## 2.0 Responsibilities

- **Directors** are responsible for the dissemination and implementation of this guidance within the divisions.
- **Line managers** are responsible for ensuring that staff have a working knowledge of and adhere to the guidance and that any amendments are disseminated.
- **All Health Care Professionals** who are involved in the prescribing, dispensing and administration of medicines must be aware of the Allergy Status Documentation Policy.

Awareness of the documentation of allergy status must be included in the induction training for all staff involved in the prescribing, administration or dispensing of medicines.

## 3.0 Policy Statement

### 3.1 Introduction

#### **Definition of a drug allergy:**

All drugs have the potential to cause side effects, also known as ‘adverse drug reactions’, but not all of these are allergic in nature. Other reactions are idiosyncratic, pseudo-allergic or caused by drug intolerance.

The British Society for Allergy and Clinical Immunology (BSACI) defines drug allergy as an adverse drug reaction with an established immunological mechanism.<sup>1</sup>

#### **Background:**

The National Institute for Health and Care Excellence (NICE) has identified poor clinical documentation of drug allergy and a lack of patient information as major issues in the management of drug allergy.

Analysis of patient safety incidents reported to the National Reporting and Learning System between 2005 and 2013 identified 18,079 incidents involving drug allergy. These included 6 deaths, 19 severe harms and 4,980 other harms. The majority of these incidents involved a drug that was prescribed, dispensed or administered to a patient with a known drug allergy.<sup>1</sup>

During 2017, there were 53 medication incidents involving allergy reported in Northern Ireland. In the majority of these, the allergen was prescribed and administered (41 incidents). Of the 53 allergy incidents, the majority involved an antibiotic.<sup>2</sup>

This policy has been developed to address the issues surrounding documentation of allergy status and to ensure consistent and safe practice with respect to allergy documentation in WHSCT.

#### **Penicillin allergy de-labelling**

Tackling inappropriate penicillin allergy labelling is a key antimicrobial stewardship initiative. Approximately 10% of hospitalised patients are labelled as penicillin allergic but the vast majority have not experienced an allergic reaction, rather another type of adverse reaction, often due to gastric upset. In addition many reactions to penicillin have occurred over 10 years ago and details of the reaction are not recalled. Having a label of penicillin allergy results in patients receiving sub-optimal alternative antibiotics when they have an infection and this may lead to poorer outcomes including increased risk of C. difficile, antimicrobial resistant infections, longer hospital stay and other adverse events. It is therefore beneficial to assess whether patients have experienced a true allergic reaction and for patients with other types of adverse reaction or an unclear history to consider removing their allergy label. A protocol will have to be developed on the back of the allergy documentation policy to map out how this will operate.

#### **Objectives of the policy:**

To raise awareness of the importance of:

- Documenting allergy status
- Checking the allergy/sensitivity box on the kardex prior to prescribing, dispensing or administering a drug.

Completion of these tasks will help reduce the likelihood of occurrence of preventable allergy related incidents and patient harm.

**Target audience:**

- All Health Care Professionals who have direct patient contact.

**This policy should be read alongside the following Trust policies -**

- Policy for the treatment of anaphylaxis in adults and children May 2016 [Anaphylaxis Policy](#)
- Medicines Code [Link to Medicines Code](#)

**3.2 Confirmation of current allergy status**

Allergy status is not restricted to drugs; it includes ALL allergies or sensitivities e.g. latex, food, egg, nut, soya.

Allergy status must be checked before prescribing, administering or dispensing any medicine.

- ✓ Prescribers must confirm and record allergy status on the allergy section of the 'medicines kardex' as soon as possible after admission.
- ✓ Prescribers must refer to the documented allergy status prior to prescribing any new medicines.
- ✓ The pharmacist must confirm the documented allergy status during medicines reconciliation.
- ✓ Nurses must refer to the documented allergy status before administering any medicines.
- ✓ Pharmacists must refer to the documented allergy status prior to dispensing any medicines.
- ✓ Any healthcare professional can record or update the allergy status if they can reasonably establish the allergy status in accordance with this policy.

**Sources of information:**

- Allergy status must always be checked, where possible, using at least two sources including NIECR (updated from GP practice records) and asking the patient/carer. Asking the patient alone has been shown to be an inadequate check on allergy status.
- Other sources of information include nursing home kardex, previous admission/discharge notes/letters and community pharmacy records.
- Note that NIECR may not contain full details of recent allergies, the nature of reactions or dates when allergies were identified.

### 3.3 Documenting the current allergy status

#### Where to document allergy status:

- The allergies/medicines sensitivities box on the front of the main medicines kardex must be completed at all times (a blank box is NOT acceptable).

**HSC Medicine Prescription and Administration Record**

Record number of Kardexes in use: \_\_\_ of \_\_\_  
 Rewritten on (date): \_\_\_\_\_  
 Rewrite checked by: \_\_\_\_\_

**Allergies / Medicine sensitivities**  
 This section must be completed before prescribing and administration except in exceptional circumstances

Date of Reaction	Medicine/allergen	Type of reaction (eg. rash)	Signature/designation/date

Write in CAPITAL LETTERS or use addressograph

Surname: \_\_\_\_\_  
 First names: \_\_\_\_\_  
 Health and Care no: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Hospital: \_\_\_\_\_ Ward: \_\_\_\_\_  
 Consultant: \_\_\_\_\_ Date of admission: \_\_\_\_\_

Date	Weight	Height	BSA

**OR**

No known allergies (Please tick)

Signature / Designation: \_\_\_\_\_ Date: \_\_\_\_\_

**Adult Acute**

- Supplementary medicine kardexes and charts.
- Medical notes (documented or recorded in pharmacist medicines reconciliation summary).
- Nursing notes - in the identified allergy section.
- Discharge information to GP.
- Inter-hospital transfer letters.
- Referrals.

Additional red wristbands, stickers or other secondary measures to identify patients with an allergy must **NOT** be used as a means of identifying patients with an allergy. Inconsistent use of these measures may increase risk whereby an assumption is made that the absence of a red wristband indicates that no allergies exist.

## Who can document allergy status?

Any healthcare professionals e.g. non-medical prescriber, doctor, nurse or pharmacist can record or update the allergy status if they can reasonably establish the allergy status in accordance with this policy.

### Information to be recorded:

- Date of reaction
- Name of allergen e.g. latex, egg, peanut, soya
- Name of drug allergen
  - Use the approved (generic) name
  - Use the Brand name if the reaction is due to a medicine specific excipient or if it is a multi-ingredient product
  - If a 'Co' drug is named e.g. co-codamol, indicate which ingredient the allergy refers to e.g. codeine
- Type of reaction e.g. rash, GI intolerance, anaphylaxis
- Signature of the person confirming or updating and documenting an allergy
- Indicate if there are no known allergies
- Signature of the person completing the kardex allergy box and date

Allergies / Medicine sensitivities			
This section must be completed before prescribing and administration except in exceptional circumstances			
Date of Reaction	Medicine/allergen	Type of reaction (eg.rash)	Signature/ designation/date

OR

No known allergies (Please tick)

Signature / Designation: A Doctor ST2 Date: 24/6/19

Allergies / Medicine sensitivities			
This section must be completed before prescribing and administration except in exceptional circumstances			
Date of Reaction	Medicine/allergen	Type of reaction (eg.rash)	Signature/ designation/date
<u>2010</u>	<u>PENICILLIN</u>	<u>RASH</u>	<u>A Doctor</u>
			<u>ST2</u>
			<u>26/6/19</u>

OR

No known allergies (Please tick)

Signature / Designation: \_\_\_\_\_ Date: \_\_\_\_\_

### **3.4 Documentation of a new allergy**

If there is a change in the patient's allergy status during an episode of care:

- Ensure that the documented allergy status is updated in the:
  - Notes,
  - Allergy section of kardex,
  - ECR problem list (see appendix 1 – how to add to problem list) and
  - Any other relevant documents.
- A healthcare professional should discuss the patient's new allergy or sensitivity with them, and their family members or carers as appropriate.
  - Record in the medical notes who provided the information and when.
  - Ensure that the patient, and their family or carers as appropriate are aware of the drug, drug class, food, or products that they need to avoid in the future.
- Ensure that the relevant information is provided to the GP so that NIECR allergy section is updated. This information will carry through to the medicines list.
- New allergies identified in secondary care should be clearly documented on the **immediate discharge summary** this information should include:
  - Addition of the new allergy/sensitivity in the primary diagnosis section.
  - In the 'Actions for GP' section specifically request the GP to update the allergy status on the GP practice clinical system / NIECR.
  - Details of the allergen, nature of reaction and date of reaction in the 'Allergies/medicines sensitivities' section.

### **3.5 Assessing Drug Allergy**

Further information on assessing drug allergy can be found in the NICE guidance:

- [Overview | Drug allergy: diagnosis and management | Guidance | NICE](#)



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## 4.0 Monitoring (including audit)

Effectiveness of the policy will be audited through:

- Monthly review of Trust medication incidents
- Kardex monitoring
- Audit

The WHSCT Drug & Therapeutics Committee will oversee implementation of the policy and monitor the assurance provided.

## 5.0 Evidence Base/References

1. Drug Allergy: diagnosis and management (CG183) Clinical Guideline NICE Published 3 September 2014 [LINK](#)
2. Learning from reported medication incidents in Northern Ireland - Summary Report January to December 2017. Northern Ireland Medicines Governance Team

## 6.0 Personal & Public Involvement (PPI)/Consultation Process

The policy was reviewed by Medicines Governance Pharmacist, and disseminated to the Lead Clinical Pharmacy and medicines Information Pharmacist for comments.

## 7.0 Equality, Human Rights & DDA

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories.

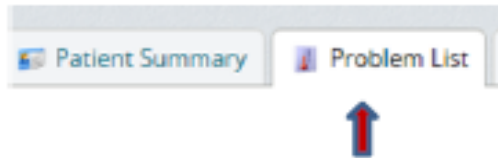
The policy has been '**screened out**' without mitigation or an alternative policy proposed to be adopted.

## Appendix 1

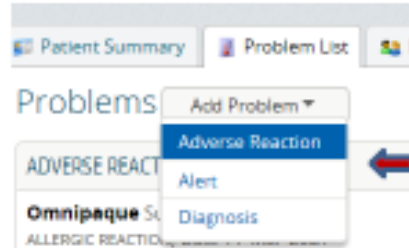
### How to add an allergy to the problem list on NIECR

NIECR has become an invaluable source of information, giving access to information about acute and repeat prescriptions issued by the patient's GP in the last 6 months. There is a new function whereby all level one (consultant) and level 2 (pharmacist, nurse, doctor, radiographer) personnel can add adverse drug reactions onto NIECR.]

#### Step 1 click on the problem list



#### Step 2 go to Adverse Reaction in the drop down box



#### Step 3 fill out the details

A screenshot of the 'Add Adverse Reaction' form. The form contains several fields: 'Agent/Substance' (with a dropdown menu showing 'Drug' and 'Non-Drug'), 'Reaction Type' (with a dropdown menu showing 'Adverse reaction'), 'Causality' (with a dropdown menu showing 'High Risk', 'Low Risk', 'Unknown'), 'Manifestations' (with a dropdown menu showing 'Learn Manifestation' and 'Select Severity'), 'Information Source' (with a dropdown menu showing 'MED Source'), 'Consent' (with a dropdown menu showing 'Suspended', 'Default'), 'Onset' (with a dropdown menu showing 'Select Onset Type'), and 'Details' (with a text input field). At the bottom, there are 'Add' and 'Cancel' buttons. A red arrow points to the right towards the 'Add' button.

#### Step 4 click Add

A screenshot of the 'Add Event' button. The button is blue and labeled 'Add'. To its right is a 'Cancel' button. A red arrow points upwards to the 'Add' button.

#### Top tips

Record adverse drug reactions on:

- ✓ Kardex
- ✓ Clinical notes
- ✓ Discharge letter
- ✓ NIECR