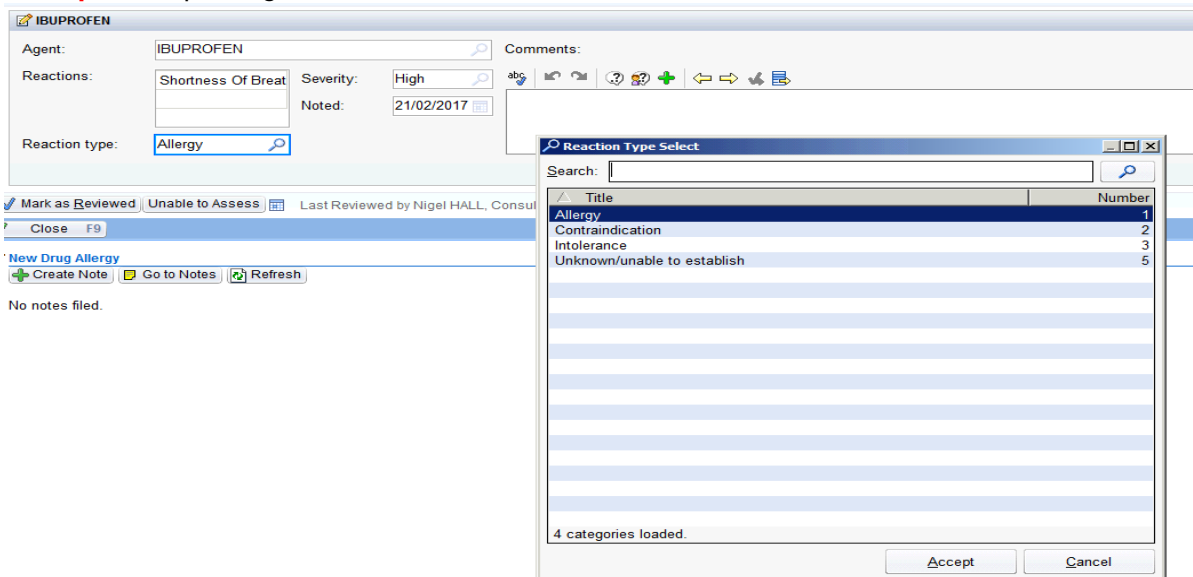


Drug Allergy

This TIP Sheet will provide brief guidance on completing drug allergy; contraindication or intolerance information within a patient's Epic record.

Try It Out Recording historical drug allergy/contraindication/intolerance

1. Enter the "Allergies" navigator via the patient header
2. To record historical drug allergies on admission
 - Step 1: Enter drug into "agent" field
 - Step 2: Select correct drug option
 - Step 3: Indicate "reaction" from drop down list. If not listed select other and enter details of reaction into the "Comments" box. Then indicate "severity of reaction (if known)".
 - Step 4: Indicate "Reaction type". **This is a mandatory field if a drug, drug class or other is selected.**
 - Step 5: Accept changes and mark as reviewed.



IBUPROFEN

Agent: IBUPROFEN

Reactions: Shortness Of Breath

Severity: High

Noted: 21/02/2017

Reaction type: Allergy

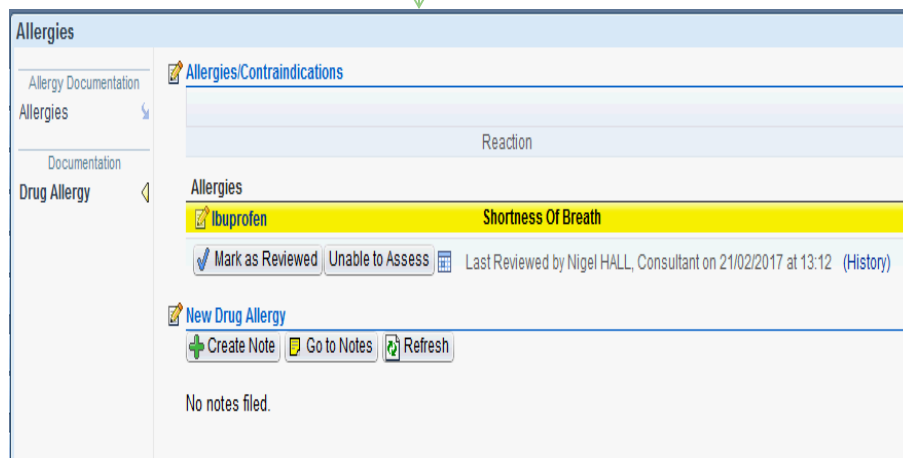
Comments:

Reaction Type Select

Title	Number
Allergy	1
Contraindication	2
Intolerance	3
Unknown/unable to establish	5

4 categories loaded.

Accept Cancel



Allergies

Allergies/Contraindications

Reaction

Allergies

Ibuprofen Shortness Of Breath

Mark as Reviewed Unable to Assess Last Reviewed by Nigel HALL, Consultant on 21/02/2017 at 13:12 (History)

New Drug Allergy

Create Note Go to Notes Refresh

No notes filed.

Final display in patient demographics bar

Male	GP Practice: None	Bed: F-02	Allergies	Pt Has New Orders or Results?
ALERGIC, Patient, 55 y.o., 21/02/1962	Lead Consultant: HALL, NIGEL [1841]	Clinically Fit Date: None	Ibuprofen	MyChart: Inactive
MRN: 3004509	Specialty: General Surgery	Weight: None	Alerts	
NHS Number: None	Unit/Department: ADD C6 WARD [2010010009]	Resus status: ACTIVE TREATMENT PRESUMED	(None)	



Try it out... New onset drug allergy recording

Only medical staff, pharmacist and nurse prescribers should populate new suspected drug allergy information.

For all new onset allergies, enter the allergies navigator via the patient header:

Step 1

ALWAYS begin at the top of the allergies navigator and enter the suspected drug into the "Agent" field, then go on to complete "severity" and "reaction type" for this drug.

The screenshot shows the 'Allergies/Contraindications' window. At the top, there's a form for adding a new agent. The 'Agent' field is set to 'PHENYTOIN'. Below it are fields for 'Reactions', 'Severity', 'Noted' (with a date of 21/02/2017), and 'Reaction type'. There are also 'Accept' and 'Cancel' buttons. Below this form is a table of existing allergies:

Allergies	Reaction	Severity	Reaction Type	Noted	Valid Until	Updated
ibuprofen	Shortness Of Breath	High	Allergy	21/02/2017		Past Updates...

At the bottom, there's a 'New Drug Allergy' section with a 'Create Note' button, 'Go to Notes', and 'Refresh' options. An orange arrow points to the 'Create Note' button.

Step 2

Then complete the additional details of the suspected new onset drug allergy into the "New drug allergy" note.

New drug allergy note

This section contains a number of important fields which must be completed

Expand for reaction type definitions		
Reaction Type	Symptom	Onset Time
Immediate, rapidly evolving reactions	Anaphylaxis - erythema, urticaria or angioedema and hypotension and/or bronchospasm Urticaria or angioedema without systemic features Exacerbation of asthma	Usually less than 1 hour after drug exposure (previous exposure not always confirmed)
Non-immediate reactions with systemic involvement	Drug reaction with eosinophilia and systemic symptoms (DRESS) or drug hypersensitivity syndrome (DHS) characterised by: widespread red macules, papules or erythroderma, fever, lymphadenopathy, liver dysfunction, eosinophilia	Usually 2-6 weeks after first drug exposure or within 3 days of second exposure
	Toxic epidermal necrolysis or Stevens-Johnson syndrome characterised by: painful rash and fever (often early signs), mucosal or cutaneous erosions, vesicles, blistering or epidermal detachment, red purpuric macules or erythema multiforme	Usually 7-14 days after first drug exposure or within 3 days of second exposure
	Acute generalised exanthematous pustulosis (AGEP) characterised by: widespread pustules, fever, neutrophilia	Usually 3-5 days after first drug exposure
Non-immediate reactions without systemic involvement	Common disorders caused, rarely, by drug allergy such as: eczema, hepatitis, nephritis, photosensitivity, vasculitis	Variable
	Widespread red macules or papules (exanthema-like) Fixed drug eruption (localised inflamed skin)	Usually 6-10 days after first drug exposure or within 3 days of second exposure

Trust Specialist Drug Allergy Service

The form below will ask if the patient requires post-discharge referral to the Trust Specialist Drug Allergy Service". Criteria for referral are listed below.

OP allergy team referral required:

- ▼ The following patients should be referred to the Trust Specialist Drug Allergy Service:
- Patients who have a suspected anaphylactic reaction
 - Patients who have a severe non-immediate cutaneous reaction
 - Patients who need treatment with an NSAID who have had a suspected allergic reaction to an NSAID with symptoms such as anaphylaxis, severe angioedema or an asthmatic reaction
 - Patients with a suspected reaction to beta-lactam antibiotics who need treatment for a disease or condition that can only be treated by a beta-lactam antibiotic or are likely to need beta-lactam antibiotics frequently in the future
 - Patients who need a procedure involving local anaesthetic that they are unable to have because of a suspected allergy to local anaesthetics
 - Patients who have had anaphylaxis or another suspected allergic reaction during or immediately after general anaesthesia

Discharging patients

When discharging patients use the "General discharge order set". Specialist Allergy clinic follow up for new drug allergy is triggered by clicking "and completing this section. This section will only display if "Yes" is clicked for "OP allergy team referral required" in the note, as above.

Place New Orders

Order Sets

▼ General Discharge – Required

Instructions to be given to the patient on discharge should be specified in the comments section/questions. Where applicable the nursing team as well as physiotherapy, occupational therapy, dietitians and others may add additional instructions.

▼ General – Required

- Discontinue IV/ Remove Catheter 0 of 2 selected
- Activity instructions 0 of 4 selected
- Diet instructions 0 of 3 selected
- Dressing 0 of 6 selected
- Seek Medical Advice 0 of 9 selected

▼ Follow-up – Required

Follow up in clinic: this order will be scheduled. Specify specialty/clinic in the questions below.
Follow up with GP/No Follow up required: these orders will not be scheduled, but will appear on the AVS for patient information.

Clinic Follow Up
 Follow-up with GP
 No Follow Up Required For This Admission
 Follow-up orders already placed

▼ Allergy clinic follow up for new drug allergy

A new drug allergy requiring follow up at the allergy clinic has been identified during this admission.

OPD referral to Allergy Clinic Routine
 Routine Referral for different problem? No

Additional Discharge Instructions 0 of 1 selected

Priority: Routine | Urgent | Routine | Cancer Pathway

Intended Management: Outpatient

Referral for different problem?: No | Yes | No

Questions:

Question	Answer	Comments
1. Reason for Referral (provide further information in comments below)	new drug allergy identified on admission - see drug allergy note	
2. Location of additional information	Comments Section Separate Referral Letter Other	
3. NHS or private patient?	NHS Private	
4. Select appointment type.	Next available appointment Planned for specific date for clinical reasons	

Dept Specialty: Allergy

Sched Inst:

Comments (F6):

Process Inst:

NB A referral to a clinic should be made only if it is part of an existing or commissioned pathway.

Discharge summary

GP Letter Display

Allergies		Date Reviewed: 21/2/2017
Allergen	Reactions	
Ibuprofen	Shortness Of Breath	
Phenytoin	Severe Cutaneous	

Follow-up After Discharge - to be arranged by CUHFT

OPD referral to Allergy Clinic Routine

Location of additional information: Other

Select appointment type: Next available appointment

AVS Display

You are allergic to the following		Date Reviewed: 21/2/2017
Allergen	Reactions	
Ibuprofen	Shortness Of Breath	
Phenytoin	Severe Cutaneous	

Instructions for after Discharge

It is not uncommon, that for the first few days you may not be able to do everything you were able to do before coming into hospital. This will of course depend on the reason you were admitted. If in doubt, please ask the nurse discharging you for advice. Following discharge, if you are worried about your condition, please see your GP or contact your Consultant's secretary via the hospital switchboard (Tel: 01223 245 151).

AVS Follow up after discharge

Follow up after discharge

The hospital follow up appointment(s) will be scheduled and sent to you by post. If you have not received your clinic appointment prior to the follow up interval indicated below, please contact your Consultant's secretary via the hospital switchboard (Tel: 01223 245 151).

Follow-up After Discharge - to be arranged by CUHFT

OPD referral to Allergy Clinic Routine

Location of additional information: Other

Select appointment type: Next available appointment

Inpatient Referral to Specialist Drug Allergy Service

If immediate advice is needed from the "Specialist Drug Allergy Service" then a specific referral can be placed during admission via the order tab by typing "allergy".