journey to change

Medication Safety Series: MSS 7

Allergies

NHS Tees, Esk and Wear Valleys NHS Foundation Trust

A patient's allergy status must be confirmed prior to the prescription & administration of medication, except in an emergency

Responsibilities – All Clinical Staff must ensure that information about allergies is accurate & kept up to date at all times.

- **Prescriber:** Must take patients' allergy status / medicine intolerances into account when prescribing any medicines, in any setting.
- **Nurse:** Whenever medication is administered the patient's allergy status must be considered prior to a dose being given.
- **Other Healthcare Professional:** If made aware of new or different information relating to a patient's allergy status, they should either document this on the electronic patient record (in line with their role and competency) or bring to the attention of a prescriber.

How are allergies recorded?

All allergies and sensitivities / intolerances to medication, food and substances MUST be accurately recorded on the Electronic Patient Record (EPR), including Electronic Prescribing & Administration (EPMA) where in use, and paper patient records.

EPR / EPMA: Allergy information can be added into Cito / Paris / EPMA, and the information will flow to the other parts of the system (see caveats below).

Core information which must be recorded in the allergy modules (for known or new allergies):

- **Drug, food or substance.** It is important that medication allergies are added to EPR / EPMA in a coded way to enable clinical decision support in EPMA to check allergies when prescribing.
- **Reaction** which occurred, including severity if known
- **Source of information** (e.g. summary care record)

EPR how to guides: (click on links below to access)

Cito – See user guide on Allergies for more information. There is a known issue Cito banner states 'allergies unavailable' – this means the patient has no known allergies or their allergies are unknown patient safety briefing 121 March 24

EPMA – see EPMA user guide for more information N.B. only medication allergies can be recorded via EPMA

Paris – use to view allergy reactions see user guide for more information

Other places where allergies must be recorded or included:

- **All written communications with GP and other healthcare providers**
- **Secondary paper case notes:** Add information to allergy panel on the inside front cover of paper case notes
- **Community Depot Prescription and Administration Record / Medicines Administration Record (MAR) Charts:** Complete the "no known drug allergy" box or the allergy box, including the medicine, reaction and source information. Cross out the NKDA box information when information is entered in the allergy box. "Allergy unknown" is not allowable in these scenarios.

When recording a patient's allergy on electronic systems (e.g. EPR and EPMA) be vigilant to ensure the correct allergen is selected from a pull-down menu.

National Patient Safety Alert: Harm from incorrect recording of a penicillamine allergy

- There have been reports of healthcare staff recording a patient's **PENICILLIN** allergy as PENICILLAMINE in electronic prescribing systems. This look-alike sound-alike error risks a patient with a known penicillin allergy being administered a penicillin-based antibiotic and having a potentially fatal anaphylactic reaction.
- Penicillamine is a drug used to treat Wilson's disease and severe active rheumatoid arthritis – it is not an antibiotic.

Be vigilant when recording a new penicillin allergy in patient records; and consider the possibility of recording error if penicillamine is recorded in a patient's allergy status.

Title: MSS 7 Allergies v2	
Approved by: Drug & Therapeutics Committee	
Date of approval: 22nd May 2025	Review date: 1st June 2028

Additional considerations for EPMA and In-patient Settings:

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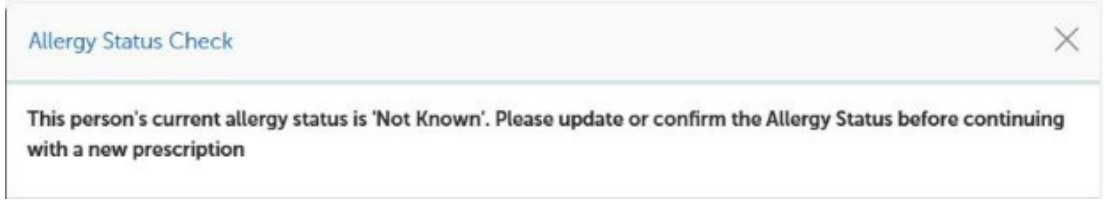
Prescriber, on admission:

- Confirm allergy status by checking multiple sources e.g. patient / carer / GP records via Cito using Great North Care Record (GNCR) or Yorkshire Humber Care Record (YHCR) / Paper clinical notes (front cover) / Electronic patient record (Cito or Paris) / Discharge letter from another Trust / nursing home MAR chart. **If there is a discrepancy in the information more sources of information must be accessed.**
- Once the allergy status is confirmed it MUST be added or updated in electronic patient record / paper clinical record / EPMA
- Ensure that the allergy status is up to date before prescribing.
- EPMA will prompt allergies to be checked every 90 days.
- Recorded allergies are checked by EPMA whenever anything is prescribed and alerts provided via Clinical Decision Support; any alert which is overridden by prescriber can be viewed on system. Any allergies recorded as free text cannot be checked by EPMA, and prescriber will be alerted to manually check allergy.
- **Allergy status Not Known:** MUST only be used on a temporary basis e.g. if a patient is admitted overnight and allergy status cannot be confirmed, including after checking GNCR / YHCR. Only pre-admission medication should be prescribed unless it is an emergency; allergy status MUST be confirmed the next working day and the allergy status updated to reflect this.

Complete InPhase if “Not Known” is recorded as the patient’s allergy status for more than 24 hours where medication is prescribed & administered



Nurse (or doctor), throughout admission:

- **ALWAYS** check a patient’s allergy status, in the EPMA patient banner **prior** to administration of any medication.

If medication is prescribed, to which patient has documented allergy, **do not administer any doses.** The prescriber must confirm the nature and severity of allergy and either stop the prescribed drug or update the allergy status. Complete an incident report if any doses given.

Pharmacy team, at admission medicines reconciliation and throughout admission:

- Confirm allergy status during medicines reconciliation & review prescription to check the allergy status is complete & up to date;
- Check no medication is prescribed or administered to which the patient is allergic; & no administration of medication where allergy status is unknown.

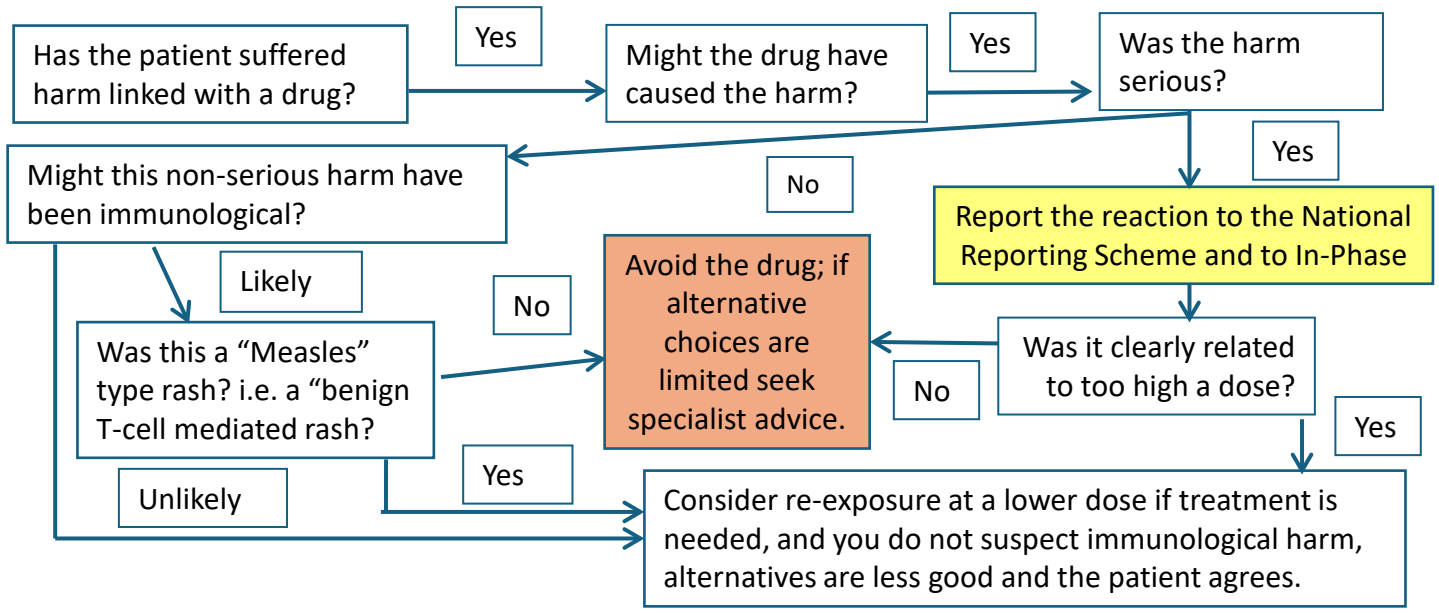
If an allergy or clinically significant adverse drug reaction occurs during the admission:

- Update the *allergy / intolerance* status on EPR / EPMA including the reaction; a progress note should be made detailing the clinical details of reaction and action taken.
- Counsel patient on the need to inform all healthcare professionals of their allergy status.

At discharge: Allergy status as recorded in EPR/EPMA is automatically included in Cito transfer letter at discharge. Any changes that have occurred during the admission would need to be included in the narrative of letter.

A patient gives a history of a "drug allergy" – what should you do?

If it really is an allergy - an immunological reaction - or a serious adverse drug reaction (ADR), there is the risk of serious harm if they are re-exposed to the drug. But often, patients and healthcare professionals use "drug allergy" to mean any suspected ADR. Accepting a "drug allergy" at face value can unnecessarily deprive the patient of a potentially useful treatment



The prescriber needs to decide whether to prescribe or withhold the medicine. It is usually safest to avoid a medicine that may have caused serious harm.

Consider the history and previous medical records of a reported drug allergy to assess the potential risks of re-exposure. A patient who describes "penicillin allergy" in infancy but has had repeated treatment with different penicillins as an adult, is at low risk. The additional information allows the prescriber and the patient to reach a shared decision that balances the risk of a possible ADR against the risk of sub optimal treatment.

Definitions:

Side effect - any potential effect of a medicine on a patient, other than therapeutic effect, whether beneficial or harmful, e.g. pink urine with rifampicin or constipation with clozapine.

Adverse drug reaction (ADR) - any unintended harm from a medicine, e.g. oral thrush with a broad-spectrum antibiotic.

Adverse event - any unintended harm that a patient suffers, whether or not caused by a medicine e.g. clozapine induced agranulocytosis.

Allergy - a harmful immunological reaction from hypersensitivity to a foreign antigen, e.g. anaphylaxis from peanuts.

Drug allergy - a harmful immunological reaction directly or indirectly caused by a medicine, e.g. rash with penicillin, toxic epidermal necrolysis from carbamazepine or Stevens Johnson syndrome with lamotrigine.

In the case of a genuine **serious allergic reaction**, refer to the Trust resus policy (link) including guidance on anaphylaxis.
Please refer to MSS 15 How to report ADR for further information on **reporting adverse drug reactions**.

What you need to know

- Non-immunological adverse drug reactions are often incorrectly labelled "drug allergy".
- Unnecessarily labelling patients "allergic" to a drug can be harmful and can deny them best treatment.
- Detailed history can help clinicians decide if re-administration is safe.

Examples of ADRs where it is reasonable to consider re-exposure:		
Broad spectrum antibiotics	Diarrhoea	Advise the patient to cease treatment and report to the prescriber
Corticosteroid inhalers	Oral Candida	Advise the patient to rinse the mouth with water after using and to use a spacer device.
Anti-hypertensives or other medication lowering blood pressure as a side effect e.g. quetiapine	Hypotension	Reduce dose or split dosing during the day. Consider evening dose. Slow titration of dose
Opiates	Constipation	Co-prescribe with a laxative
Phenytoin	Cerebral ataxia	Reduce the dose, keep within therapeutic range.