	POLICY Number: 7311-60-029 Title: Allergy / Intolerance Documentation Policy
Authorization [ ] President and CEO [X] Vice President, Finance and Corporate Services	Source: Chair(s), Interprofessional Practice Advisory Council Cross Index: 7311-60-004 Date Approved: July 4, 2013 Date Revised: Date Effective: July 17, 2013 Date Reaffirmed: Scope: SHR and Affiliates

OVERVIEW

The Allergy and Intolerance Documentation Policy was developed to standardize the documentation of patient/client/resident allergies and intolerances by all health care providers in Saskatoon Health Region (SHR). Communication of accurate and complete allergy/intolerance histories is important in the delivery of safe health care.

NOTE: This policy does not apply to Neonatal Intensive Care until the point of transfer.

DEFINITIONS

Allergy means an immune system response to a substance which results in the body producing IgE antibodies and subsequent release of mast cells and histamines.

Client means any individual who is receiving care in a SHR facility/affiliate, or is a participant in a SHR recognized program or service.

Health Care Provider (HCP): means physicians and/or any individual who is remunerated (either monetarily, or in provision of a required educational/experiential capacity i.e. student, resident) by SHR for delivering health care services to clients.

Intolerance means sensitivity to a particular substance resulting in unpleasant effects for the individual exposed to the substance but does not lead to the development of antibodies, mast cells nor histamines being released in response to that substance.

Reaction means an untoward clinical response associated with the exposure to, or use of, a substance.

1. PURPOSE

The purpose of this policy is to establish the required documentation and communication requirements for all clients as it relates to allergies and intolerances.

2. PRINCIPLES

2.1 Accurate, complete and current documentation of allergies/intolerances support and enhance safe health care delivery.

2.2 A single source of information regarding a client's allergies and intolerances is best practice.

2.3 Some SHR departments are currently mandated by provincial or federal programs to include a current allergy documentation process; these departments will continue to use existing processes.

3. POLICY

3.1 An accurate and complete allergy/intolerance history must be obtained or verified prior to prescribing, dispensing or administering any medications or non-medications (i.e. latex or food).

3.1.1 Allergies/intolerances will be documented on the *Allergy Intolerance Record* (see Appendix A), be stored in one location and the information kept current.

3.1.2 Each allergy/intolerance documented will also include details about both the severity and type of reaction.

Exception:

3.1.3 In emergency situations, a nurse may obtain a verbal order from the prescriber to administer "urgent" or "stat" medications without a completed allergy/intolerance history.

3.1.3.1 This order must be transcribed into the health record and countersigned by the prescriber within 24 hours.[1]

3.1.3.2 The allergy/intolerance status shall be designated as "unobtainable". In these cases, the allergy/intolerance status must be obtained and recorded within 48 hours.

3.2 The *Allergy/Intolerance Record* shall remain in the client chart throughout his/her episode of care, be kept current and be retained as a permanent part of the health record.

3.2.1 HCPs are required to determine and act on any discrepancy between the documented allergy and the prescribed medication with the prescriber.

3.3 A visual allergy cue shall be used to identify all clients with allergies/intolerances to medications, latex, food, dyes or tape (see procedure).

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[1] SHR Policy: Ordering of Medications

3.3.1 All other allergies/sensitivities/intolerances must be documented but do not require the application of a visual allergy cue (i.e. dust, cat hair, hay fever, etc).

4. ROLES AND RESPONSIBILITIES

4.1 Health Care Providers

4.1.1 Ensure there is an accurate and complete allergy/intolerance history on all clients prior to prescribing, dispensing or administering medications, non-medications (i.e. food) or treatments.

4.1.1.1 Only HCPs licensed for medication prescribing, dispensing or administering may complete the *Allergy/Intolerance Record.*

4.1.2 Ensure placement of the visual allergy cue.

4.1.2.1 The first service area is responsible to place the original cue.

4.1.2.1 All HCP are responsible for ensuring any missing or removed cues are replaced.

4.1.3 Provide education to clients/families regarding self-reporting allergy/intolerance history, the visual allergy cues and methods of preventing allergen exposure while receiving health care within SHR.

4.1.4 Clients or families[2] may complete the *Allergy Intolerance Record* (self-reported allergy intolerance history).

4.1.4.1 The first service area is responsible for providing the *Allergy Intolerance Record* to the client and explaining how to compete the record.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of Chair(s), Interprofessional Practice Advisory Council.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy will result in a review of the incident. Repeated non-compliance may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

[2] Family means individuals who are connected by kinship, affection, dependency or trust; family is defined by the client.

PROCEDURE Number: 7311-60-029 Title: Allergy / Intolerance Documentation	
Authorization [ ] President and CEO [X] Vice President, Finance and Corporate Services	Source: Chair(s), Interprofessional Practice Advisory Council Cross Index: 7311-60-006 Date Approved: July 4, 2013 Date Revised: Date Effective: July 17, 2013 Date Reaffirmed: Scope: SHR and Affiliates

1. PURPOSE

The purpose of this procedure is to standardize obtainment of allergy/intolerance history and communication processes throughout SHR.

2. PROCEDURE

2.1 Obtain the allergy history from the following sources as applicable:

- Client
- Family member
- Friend
- Medical alert (i.e. bracelet, necklace)
- Community Pharmacy
- Previous client record
- Pharmacy electronic health record (i.e. Centricity)

2.2 Document all allergies, sensitivities and intolerances, including severity and type of reaction on the *Allergy/Intolerance Record* or electronic version of this form.

2.2.1 This may be done by a licensed HCP, client, family or other caregiver (see above).

2.3 Facilities/departments/units that have clients with regular occurring visits will verify and document the verification of allergies at each visit. This may be done on the progress notes or on the *Allergy/Intolerance Verification Record* (see Appendix B).

2.4 File the *Allergy Intolerance Record* in a standardized location in the client chart.

2.4.1 Location of the form will be where it is most visible to the prescriber when writing orders (i.e. the first page in the Physician's Order section on the acute care chart).

2.4.2 Document a note indicating "See Allergy/Intolerance Record" in the "Allergy" section(s) of all other documents in the client's chart that currently have a prompt for documenting allergy information (ie. Preadmission Medication List/Physician Order Form).

2.4.3 Allergies will continue to be documented on the medication administration record.

2.5 Communication

Notify any other departments or units which require allergy intolerance information:

- Pharmacy
- Housekeeping staff regarding any client allergies in relation to cleaning substances used by Environmental Services
- Food and Nutrition Services regarding client food allergies
- Diagnostic Imaging regarding allergies related to contrast medium
- Other care providers.

2.6 Adding New Allergy/Intolerance Information

2.6.1 If an allergy is identified after admission/encounter within SHR, the HCP who became aware of change in allergy status shall update the appropriate section on the *Allergy/Intolerance Record* and communicate the change to all applicable departments.

2.6.1.1 Document this communication on the form (i.e. faxed to Pharmacy).

2.6.1.2 Update allergy band or visual cue and if applicable, the medication administration record.

2.6.2 If an allergy documented on the *Allergy Intolerance Record* is found to be incorrect:

2.6.2.1 Document the information on a new line in the Allergy/Intolerance Record (see SHR Policy Documentation Standards - Health Records for more information).

2.6.2.2 Update allergy band or visual cue and if applicable, the medication administration record

2.7 Medication Administration Record Documentation

2.7.1 Allergies/intolerances that must be documented on the hand written or computer generated medication administration record include: medications, selected foods known to interact with drugs and selected health care products (as identified by pharmacy).

2.7.1.1 Environmental allergies do not need to be documented on the medication administration record.

2.7.2 Allergy and intolerance information will be displayed below the client identifier section of each copy of the medication administration record as applicable.

Identification (visual allergy cue)

2.8 Facilities that use client identification bands

2.8.1 A red Identification band will be the visual allergy cue for all clients with allergies/intolerances to medications, latex, food, dyes or tape.

- Any other allergies/sensitivities/intolerances must be documented but do not require the application of a red identification band (i.e. dust, cat hair, hay fever, etc).

2.8.2 If the client cannot/will not wear a red identification band, use one of the following options:

- Pin the red Identification band to the client clothing or
- Tape the red identification band to the inside of the incubator, overhead warmer or bed. Ensure the red identification band is moved to correct incubator/bed if client is moved.

2.9 Facilities which do not use client identification bands

2.9.1 A red allergy sticker will be the visual allergy cue for all clients with allergies/intolerances to medications, latex, food, dyes or tape.

- Any other allergies/sensitivities/intolerances must be documented but do not require the application of a red allergy sticker (i.e. dust, cat hair, hay fever, etc).

2.9.2 If picture identification is used, place the red allergy sticker with the picture identification.

2.11 Client Transfer

2.11.1 The *Allergy/Intolerance Record* accompanies the client on transfer from their current care location to an alternate care location, even if it is a temporary location within SHR (i.e. client diagnostic test).

2.11.1 If it is a permanent transfer to a new site, the receiving department will complete a new form and verify it against the transfer document.

2.11.2 If it is a temporary transfer between facilities, or a permanent transfer within the same facility, the original record and chart accompanies the client. The receiving HCP will verify the allergy/intolerance history. Any new information will be documented on the original record.

2.11.3 The transferring HCP will review the *Allergy/Intolerance Record* during handover report with the receiving HCP.

2.11.4 If the original record does not accompany the client, the receiving HCP will refer to the copied version and fill out a new *Allergy/Intolerance Record*.

2.12 Discharge

2.12.1 Provide the client with the yellow (NCR) copy or photocopy of the current *Allergy/Intolerance Record*.

2.12.2 Encourage clients to give a copy of the *Allergy/Intolerance Record* to his/her pharmacy and/or family prescriber to update his/her profile.

3. PROCEDURE MANAGEMENT

The management of this procedure, including education, monitoring, implementation and amendment of these procedures is the responsibility of the Chair(s), Interprofessional Practice Advisory Council.

4. NON-COMPLIANCE/BREACH

Non-compliance with this policy will result in a review of the incident. Repeated non-compliance may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

5. REFERENCES

Saskatoon Health Region (2007). Ordering of Medications Policy #7311-60-004. Regional Policy and Procedure Manual. Saskatoon, SK.

Interior Health, 220-1815 Kirschner Road, Kelowna, BC V1Y 4N7

Saskatoon Health Region

❑ RUH ❑ SCH ❑ SPH

Other _____

Addressograph / Label

NAME: _____

HSN: _____

D.O.B.: _____

ALLERGY / INTOLERANCE RECORD

Page 1 of ____ ❑ See Addendum(s)

1. ❑ Unable to obtain **❑ Provided instruction for self-reporting on this form**	**Date:** _____ **Signature:** _____	**❐ Faxed**
2. ❐ No known allergies or intolerances	**Date:** _____ **Signature:** _____	**❐ Faxed**

3. MEDICATION(S)

Anaphylaxis	Medication(s) Including: contrast medium and latex	Reaction/ side effects					Severity * see reverse				Source			Comments	Print Name/ Sign Initial & Status	Today's Date	Faxed (yes)
		Difficulty Breathing	Swelling	Rash / hives	GI symptoms	Other	Severe	Intermediate	Mild	Unknown	Client	Family	Other				

4. NON-MEDICATION(S)

Anaphylaxis	Non-Medication(s) i.e. tape, iodine/shellfish/ food *See prompts on reverse.*	Reaction/ side effects					Severity * see reverse				Source			Comments	Print Name/ Sign Initial & Status	Today's Date	Faxed (yes)
		Difficulty Breathing	Swelling	Rash / hives	GI symptoms	Other	Severe	Intermediate	Mild	Unknown	Client	Family	Other				

5. ACTION ITEMS - *initial appropriate box*

❑ Information reviewed (if history was self-reported)

❑ Visual cue applied ❑ All appropriate departments notified ❑ Placed in correct location in chart

❑ Copy of form provided to client upon discharge. **❑ Education regarding form completed.**

ALLERGY / INTOLERANCE RECORD

SEVERITY KEY

Severe: anaphylaxis or life threatening reaction that requires immediate medical intervention (i.e. epinephrine, oxygen)
Intermediate: requires medical treatment (i.e. antihistamine)
Mild: no intervention (reaction is transient in nature and resolves without medical treatment)
Unknown

DEFINITIONS:

Allergy - an unpredictable idiosyncratic reaction caused by an exposure to an antigen which results in immediate or delayed immunologic reaction. Allergies can include drugs, foods, contrast media, latex, environmental & other allergens.

Reaction – an untoward clinical response associated with the exposure to, or use of, a substance.

Intolerance – sensitivity to a particular substance which results in unpleasant effects for the individual exposed to the substance but does not lead to the development of antibodies, mast cells or histamines being released in response to that substance.

Side Effect – unwanted effect of a chemical, drug or substance that is in addition to its intended effect.

Environmental Allergy / Intolerance

- scents / perfumes / lotions / soaps
- pet dander
- plants / flowers
- insects (bee stings/spiders)
- metal
- dust / pollen / feathers

Ensure appropriate signage is posted at the patient's room

Food Allergy / Intolerance

- eggs
- fish
- food dye
- milk (lactose)
- monosodium glutamate (MSG)
- peanuts
- sesame seeds
- shellfish
- soy
- sulfites / wine
- tree nuts (almonds, brazil nuts, cashews, hazelnuts, pecans, pine nuts, pistachio nuts and walnuts)
- wheat / gluten

Ensure appropriate diet order is communicated to Food and Nutrition Services

Saskatoon Health Region

❑ RUH ❑ SCH ❑ SPH

❑ Other ___________________

Addressograph / Label

NAME: ______________________________

HSN: ______________________________

D.O.B.: ______________________________

ALLERGY / INTOLERANCE VERIFICATION RECORD

Page ____ of _____

Date	Verification	Additional Comments	Print Name/Initial
	❑ no changes in allergy status ❑ changes noted, see Allergy/Intolerance Record		
	❑ no changes in allergy status ❑ changes noted, see Allergy/Intolerance Record		
	❑ no changes in allergy status ❑ changes noted, see Allergy/Intolerance Record		
	❑ no changes in allergy status ❑ changes noted, see Allergy/Intolerance Record		
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	❑ no changes in allergy status ❑ changes noted, see Allergy/Intolerance Record		

❑ RUH ❑ SCH ❑ SPH

❑ Other ___________________

Addressograph / Label

NAME: ______________________________

HSN: ______________________________

D.O.B.: ______________________________

ALLERGY / INTOLERANCE VERIFICATION RECORD

Page ____ of _____

Date	Verification	Additional Comments	Print Name/Initial
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