

## GOOD PRACTICE GUIDANCE

### Recording, maintaining and sharing drug sensitivity/allergy information in care homes.

#### INTRODUCTION

The recording of drug sensitivity/allergy is important to avoid the inadvertent prescribing, dispensing and administration of an offending drug to a sensitive resident. Care home residents are a frail and vulnerable population who are at a high risk of adverse drug reactions. While all drugs can have side effects, some can lead to adverse drug events. There are large discrepancies in the terms used between drug allergy records, residents care home record, medicines administration record charts and GP medical record. Furthermore, there is no routine system in place for people to keep a record of their own drug sensitivities/ allergies. This can lead to confusion over which drugs can be taken safely and can result in people inadvertently taking a drug they are allergic to.

To combat this problem, NICE guideline CG183 on the diagnosis and management of drug allergy in adults, children and young people recommend that when a person presents with suspected drug allergy, their reaction should be documented in a structured approach as mentioned below.

#### Definition of terms

**Drug intolerance or sensitivity** refers to an inability to tolerate the adverse effects of a medication, generally at therapeutic or sub-therapeutic doses.

**Adverse drug reactions (ADRs)/ Side effect:** Predictable pharmacologic actions of the drug in otherwise normal individuals. All drugs have the potential to cause side effects, also known as 'adverse drug reactions', but not all of these are allergic in nature.

**Drug Allergy:** The British Society for Allergy and Clinical Immunology (BSACI) defines drug allergy as an adverse drug reaction with an established immunological mechanism.

**Adverse drug events (ADEs):** ADEs extend beyond ADRs to include harm related to medication errors and drug/food interactions.

## PURPOSE

- To consistently record drug allergy and drug sensitivity information status for all residents on **medication administration record charts, residents care plan and GP clinical systems.**
- To maintain records documenting any new suspected drug sensitivity/ allergic reactions.
- To share drug allergy/sensitivity information where appropriate to do so.
- To check the resident's allergy/sensitivity status before any drug is administered.

## THE HOW AND WHEN TO RECORD DRUG SENSITIVITIES/ALLERGIES

Allergy/sensitivity status section should be entered (SHOULD NOT BE LEFT BLANK) and consistently recorded for all residents on **MAR charts, residents care plan and GP clinical systems using the following terms:**

- 1 None known
- 2 Unable to ascertain
- 3 Drug Allergy/ Drug intolerance/ Adverse reaction

If drug allergy s/sensitivity status has been documented, record all of the following at a minimum in a structured approach:

- the drug name
- the signs, symptoms and severity of the reaction (assessment 1.1.1 as per NICE guidelines)
- the date when the reaction occurred.

The following information can be added to further clarify:

- the generic and proprietary name of the drug or drugs suspected to have cause the reaction, including the strength and formulation
- a description of the reaction (see assessment 1.1.1 as per NICE guidelines)
- the indication for the drug being taken (if there is no clinical diagnosis, describe the illness)
- the date and time of the reaction
- the number of doses taken or number of days on the drug before onset of the reaction
- the route of administration
- which drugs or drug classes to avoid in future.

FOR EXAMPLE RESIDENT ID

Penicillin - Severe Allergy – anaphylaxis can lead to hospital admission- July 2018

Ibuprofen - Moderate intolerance – upset stomach- Aug 2017

Ensure that the type reaction is differentiated and that it is clearly visible to all healthcare professionals who are prescribing drugs.

Drug allergies should always be checked and recorded for the following:

New residents to care home setting

Transfer of care settings i.e. discharge from hospital, transfer from another care home

## RESPONSIBILITIES

Maintaining and sharing appropriate drug allergy/sensitivity information is the responsibility of all who are involved in the care of the resident and records i.e. GP, pharmacy staff, care staff, secondary care staff and family.

- Check a person's drug allergy/sensitivity status
- Confirm it with them (or their family members or carers as appropriate) before prescribing, dispensing or administering any drug.
- Having up to date information on MAR charts is a safety check for care home staff when administering medication to a resident. Checking for residents' allergies/sensitivity is also an important safety check at the point of prescribing and dispensing of new and existing medication for a resident.
- All multidisciplinary staff should be aware of their responsibilities in maintaining/documenting information including updating records if new allergies/sensitivity are identified.
- Ensure that information about drug allergy/sensitivity status is updated, differentiated and included in all:
  - o GP referral letters
  - o Hospital discharge letters.
- Advise residents (and their family members or carers as appropriate) to carry information they are given about their drug allergy/sensitivity at all times and to share this whenever they visit a healthcare professional or are prescribed, dispensed or are about to be administered a drug
- All multidisciplinary staff should be aware of their responsibilities in communicating drug allergy information during transfer of care settings.

## REFERENCES

Drug allergy: Diagnosis and management – NICE Clinical guideline [CG183] Published date: September 2014

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856057/>

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