

FNIHB- OR Nursing Policy and Procedure

Section:	Pharmacy	Policy Number:	III - 01
Subject:	Allergy Status	Issued:	March 31, 2015
Distribution:	All Nursing Facilities	Revised:	

1. POLICY:

- 1.1 The nurse shall inquire about the client's allergy status and any other history of adverse drug reactions (e.g. side effects) before prescribing, dispensing and administering medications for that client. Information about known adverse drug reactions is to be clearly documented in the SOAP note, on the Patient Profile Sheet and on the Alert sticker.
- 1.2 In emergency situations, when an accurate adverse drug reaction history cannot be elicited from reliable sources, the nurse shall seek an order to administer an essential medication without a known drug reaction history.

2. PRINCIPLES:

- 2.1 A standardized approach to documenting client's allergy status and other adverse drug reactions is imperative to providing safe, effective health care.
- 2.2 Adverse Drug Reactions (ADRs) and drug allergies (which is as a subset of ADRs) is a significant public health concern, complicating 5 to 15% of therapeutic drug courses. They may result in diminished quality of life, increased health centre visits, health care costs, hospitalizations, and even death (Pourpak, Fazlollahi, Fattahi, 2008).
- 2.3 Patients, health professionals, manufacturers and health product regulatory authorities' work together to monitor ADRs. Voluntary reporting by health professionals and consumers of suspected reactions is the most common way to monitor the safety and effectiveness of marketed health products to obtain information regarding ADRs (Health Canada, n.d.).

3. DEFINITIONS:

Drug Allergy: Is an unpredictable adverse reaction occurring in a client involving an immunological mechanism and is a sub category of adverse drug reactions.

Adverse Drug Reaction: is a noxious and unintended response to a drug which occurs at doses normally used or tested for diagnosis, treatment or prevention of a disease or the modification of an organic function (Health Canada, nd).

Nurse: Refers to Registered Nurses, Nurse Practitioners, and Registered Practical Nurses.

4. PROCEDURE:

4.1 Whenever possible, the allergy and adverse drug reaction history should be elicited from the client. In situations where that is not possible, the nurse may obtain the history from the following sources:

- Relative or substitute decision maker
- Medical alert bracelet
- Client Record
- Friend
- Pharmacy used by the client

4.2 The allergy and adverse drug reaction history is to be clearly documented:

4.2.1 In the client health record and shall include the type and severity of the reaction. If there are no known allergies or adverse drug reactions, the nurse shall document “No Known Allergies”.

4.2.2 On the Patient Profile Sheet located at the beginning of the client’s health record. Use blue or black ink only – do not use pencil or other specialty coloured pens, as it may affect the quality of the imaging when photocopied.

4.2.3 On an Alert sticker. These stickers are affixed to the inside of the front cover of the health record. Do not place alert stickers to the outside of the health record, as this may risk a breach of confidentiality.

4.2.4 When documenting the Alert, ensure the entries are printed clearly and do not use abbreviations to avoid ambiguity.

4.3 The allergy status shall be verified with each new presentation to the clinic and before any medication is prescribed, administered, or dispensed. Any change in allergy status is to be documented in the SOAP note, updated on the Patient Profile Sheet and the alert sticker.

4.4 The allergy status and history of adverse drug reactions are to be clearly documented on medical evacuation papers and referral notes.

4.5 If the client experiences a new drug allergy or a suspected adverse drug reaction, the nurse or other responsible health care provider shall enter the details of the reaction as outlined in Policy statement 1.1 and report the adverse drug reaction to Canada Vigilance at Health Canada as directed in *FNIHB Nursing Station Formulary and Drug Classification System*.

5. RELATED POLICIES:

FNIHB Nursing Station Formulary and Drug Classification System

FNIHB Policy and Procedures on Controlled Drug Substances for First Nations Health Facilities

FNIHB-OR Policy: Medication Administration

FNIHB-OR Policy: RN Initiated Drug Therapy

FNIHB-OR Policy: Dispensing Medications

6. REFERENCES:

FNIHB (2013). *FNIHB Nursing Station Formulary and Drug Classification System*

FNIHB (2013). *FNIHB Policy and Procedures on Controlled Drug Substances for First Nations Health Facilities*

Health Canada (n.d.). Adverse Reaction Information from <http://www.hc-sc.gc.ca/dhp-mps/medeff/advers-react-neg/index-eng.php#a1>

Pourpak, Z, Fazlollahi, MR., Fattahi, F. (2008). Understanding Adverse Drug Reactions and Drug Allergies: Principles, diagnosis and treatment aspects. *Recent Patent Inflammation Allergy Drug Discovery*. Jan 2(1): 24-46.

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