ALLERGY DOCUMENTATION POLICY

Summary of Changes

	NEW	Previous
All Sites	Allergy information which includes allergies, contraindications, intolerance and side-effects are captured in the CST Cerner Allergy Control or on approved paper forms	Only paper forms to document allergies
	Allergy Control will carry allergy information across encounters and from other CST Cerner sites necessitating validation of prepopulated information No limitation on allergy assessment birth to one month A designated health care professional must assess	New Allergy/Caution form completed on admission
VCH		At Coastal Community of Care newborn children up to 1 month old are exempt from completing an allergy documentation Prescriber does the initial completion of allergy information. Nurses and others can update after.
PHC		Prescriber does the initial completion of allergy information. Nurses and others can update after. Newborn children up to 1 month old are exempt from completing an allergy documentation
PHSA		Prescriber does the initial completion of allergy information. Nurses and others can update after.

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ALLERGY DOCUMENTATION POLICY

1. Introduction

1.1. Purpose

This policy outlines the expectations for assessing, documenting and reviewing **allergy information (i.e. allergy, contraindication, intolerance and side-effects)** in the **electronic health record (EHR**) and approved paper forms.

1.1 Scope

All **Regulated Health Care Professionals** or **Approved Non-regulated Health Care Professionals** ("**Designated Health Care Professionals"**) working across the Health Organizations (HO – i.e. PHC, PHSA and VCH) using the EHR.

2. Policy

2.1 Allergy Information Assessment, Documentation and Review

2.1.1 At sites where the EHR has been implemented, the **Allergy Control** is the source of truth for a **patient**'s allergy information. When the Allergy Control is not available (e.g. Downtime see 2.3) HO designated Allergy/Caution forms will be used to temporarily document allergy information. At sites where the EHR is not yet implemented, HO designated Allergy/Caution forms will be used to document allergy information.

2.1.2 A **Designated Health Care Professional (DHCP)** must assess and document allergy information. When allergy information is already documented it must be verified, and marked as reviewed prior to any initial medication or non-medication (i.e. latex, contrast media or food) prescribing. Verification and review must occur:

a. On admission and at least annually for Inpatient/Residential Care patients/clients
b. At least annually (at the next scheduled appointment) for outpatients/clients

2.1.3 An accurate and complete allergy information history must be present and verified prior to prescribing, dispensing or administering any medications or non-medications (i.e. latex, contrast media or food) except in **emergent** situations when history is designated as "unable to obtain." In these cases, the allergy information must be obtained and recorded as soon as available.

2.1.4 A verbal order may be obtained from a **Provider** to administer "stat" medications without a completed allergy information history when this information is unobtainable. The order must be transcribed into the health record and co-signed by the Provider within 24 hours.

2.1.5 Designated Health Care Professionals are required to act on any new information or discrepancy between the documented allergy information and the prescribed order.

2.2 Visual Allergy Cue

2.2.1 A **visual allergy cue** must be used to identify all patients with allergies/intolerances/contraindications/side-effects to medications, latex, food, dyes or tape. Ambulatory or outpatient visits are exempt except where procedural sedation or general anesthesia is involved.

2. 3 Downtime

2.3.1 For both planned and unplanned electronic health record down time, all allergy information documentation will take place on appropriate HO defined Allergy/Caution forms.

2.3.2 It is the responsibility of a Designated Health Care Professional to ensure the electronic health record is updated accordingly when the system is restored. This can be done directly or through appropriate delegation.

3 Responsibilities and Compliance

3.1 Responsibilities

3.1.2 **Designated Health Care Professionals** are responsible for:

- Assessing and adding allergy information as per their scope and education
- Consulting with the **Most Responsible Provider** when modifying or cancelling existing allergy information

3.1.3 A Pharmacist must enter the allergy information using free-text when a substance (e.g. contrast media, medication, food, environmental agents) is not available in Cerner as a selection option.

3.1.4 All others who become aware of new allergy information should communicate with Designated Health Care Professionals.

3.2 Compliance

3.2.1 Compliance with this policy is expected. Anyone noting a violation of the policy may support others to locate and understand the policy and/or advise leadership of the need for education and support regarding the policy. After education and support is offered, progressive discipline up to and including termination of employment or privileges within the organization will be utilized for ongoing non-compliance with this policy.

4 Supporting Documents

4.1 Guidelines/Procedures/Forms

4.1.1 To be determined.

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4.2. Related Policies

4.2.1. Documentation Policy (to be developed)
4.2.2. Downtime Policy (to be developed)

5. Definitions

Allergy Control: is a feature in the electronic health record that allows for documenting and tracking a patient's existing and new allergy conditions. The Allergy Control includes known allergies and other details such as category type, reaction indication, onset, severity, and codified entry for drug allergy cross checking.

Allergy information: refers to allergies, contraindications, intolerances and side-effects.

- **Allergy:** an adverse reaction to a drug or substance which is due to an immunological response.
- **Contraindication:** a symptom or condition that makes a particular treatment or procedure inadvisable.
- **Intolerance:** A non-immune reaction that is characterized by the inability to properly metabolize or absorb a substance or food in the digestive tract.
- **Side-effects:** an untoward clinical response associated with exposure to, or use of, a substance.

Designated Health Care Professionals: refers to both **Regulated Health Care Professionals** and **Approved Non-regulated Health Care Professionals.**

a. **Regulated Health Care Professionals:** Professionals regulated by regulatory colleges under the *Health Professions Act* (e.g. Physicians, Midwives, Pharmacists, Nurses, and Dietitians). For complete list see BC Ministry of Health Professional Regulation.
b. **Approved Non-regulated Health Care Professionals**: Additional non-regulated professionals (including students) designated through the health organizations approval process (e.g. Medical Imaging Technologists, Cardiology Technologists).
c. **Students** in Designated Health Care Professions.

Electronic Health Record (EHR): the Clinical+Systems Transformation (CST) build of the CERNER electronic health record. A computer-based electronic file that resides in a system specifically designed to support users by providing accessibility to complete and accurate health data, alerts, reminders, clinical decision support systems, links to medical knowledge, and other aids.

Emergent: condition of urgent need for action or assistance.

Most Responsible Provider: refers to the Provider who has overall responsibility for the patient's care.

Patient: refers to patient, client, resident or person in receipt of healthcare services.

Provider: refers to Physicians, Pharmacists, Registered Midwife, Registered Nurse Practitioner and Provider students, within their scope of practice.

Visual allergy cue: a signal or reminder to indicate that the patient/client/resident has documented allergy information (e.g. a coloured wristband).

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6. References

Centre for Addiction and Mental Health. Allergy/Sensitivity Documentation. 2014.

Island Health Authority. Allergy and Sensitivity Identification and Documentation Policy. 2016.

Saskatoon Health Region. Allergy/Intolerance Documentation. 2013.

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