Action Plan 19/14
Drug allergy: diagnosis and management of drug allergy in adults, children and young people
NICE CG 183
February 2015

Title: Action Plan 19/14
Drug allergy: diagnosis and management of drug allergy in adults, children and young people
NICE CG 183 (Published date September 2014)

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Main aim: To provide assurance that SWASFT complies with all relevant NICE guidance

Recommendations: The CEG is requested to discuss these papers and to agree actions as outlined.

Previous Forum: None

This report references:

| Board Assurance Framework | e.g. BAF01-11, BAF02-11 (the BAF includes reference to Board Self Certs, COs and CQC) | Directorate Business Plans |
## Action Plan 19/14
**Drug allergy: diagnosis and management of drug allergy in adults, children and young people**  
**NICE CG 183**

<table>
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<tr>
<th>Reference</th>
<th>Recommendation</th>
<th>Action Required</th>
<th>Target Date</th>
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<tr>
<td>1.1.1</td>
<td>When assessing a person presenting with possible drug allergy, take a history and undertake a clinical examination. Use the following boxes as a guide when deciding whether to suspect drug allergy. (Description of differing types of reaction including anaphylaxis)</td>
<td>None in respect of Anaphylaxis: as per JRCALC and Trust CG 04, “Allergic Reactions”</td>
<td>N/A</td>
<td>N/A</td>
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| 1.2.1     | Document people’s drug allergy status in their medical records using 1 of the following:  
• ‘drug allergy’  
• ‘none known’  
• ‘unable to ascertain’ | None: Trusts records (PCR, ePCR and Adastra have the facility to record allergy status) | N/A | N/A |
| 1.2.2     | If drug allergy status has been documented, record all of the following at a minimum:  
• the drug name  
• the signs, symptoms and severity of the reaction (see recommendation 1.1.1)  
• the date when the reaction occurred. | Trust clinicians would record the drug name in the appropriate record (PCR, ePCR, Adastra), however the recommendation for signs/symptoms/severity and date refer to the patient’s medical record (GP held) rather than Trust clinical contact records | N/A | N/A |
| 1.2.4 | Prescriptions (paper or electronic) issued in any healthcare setting should be standardised and redesigned to record information on which drugs or drug classes to avoid to reduce the risk of drug allergy | The FP10 and variations of it are determined nationally. The Trust does not use the sort of drug charts used in hospital settings to which this refers. | N/A | N/A |
| 1.2.5 | Ensure that drug allergy status is documented separately from adverse drug reactions and that it is clearly visible to all healthcare professionals who are prescribing drugs | None: This recommendation is probably more aimed at GP held records, however Trust records (PCR, ePCR and Adastra) have the facility to record allergy status and a copy is sent to the patient’s registered GP. | N/A | N/A |
| 1.2.6 | Check a person’s drug allergy status and confirm it with them (or their family members or carers as appropriate) before prescribing, dispensing or administering any drug (see also recommendation 1.3.4). Update the person’s medical records or inform their GP if there is a change in drug allergy status | None; In line with Medicines SOP. Additionally, medicines supplied or administered by ambulance clinicians are covered by JRCALC, PGDs or Meds Protocols. Allergies are specifically excluded in each of these. | N/A | N/A |
| 1.2.7 | Ensure that information about drug allergy status is updated and included in all:  
• GP referral letters  
• hospital discharge letters | Adastra systems for OOHs/Urgent Care centres automatically send notes of outcomes to patients own GP.  
Ambulance crews may use GP notification systems where they exist | N/A | N/A |
| 1.4.1 | If drug allergy is suspected:  
• consider stopping the drug suspected to have caused the allergic reaction and advising the person to avoid that drug in future  
• treat the symptoms of the acute reaction if needed; send people with severe reactions to hospital  
• document details of the suspected drug allergy in the person’s medical records (see recommendations 1.2.3 and 1.2.6)  
• provide the person with information | None; as per Trust CG 04, “Allergic Reactions” | N/A | N/A |
Refer people to a specialist drug allergy service if they have had:

- a suspected anaphylactic reaction (also see Anaphylaxis, NICE clinical guideline 134) or
- a severe non-immediate cutaneous reaction (for example, drug reaction with eosinophilia and systemic symptoms [DRESS], Stevens–Johnson Syndrome, toxic epidermal necrolysis).

None. Adastra systems for OOHs/Urgent Care centres automatically send notes of outcomes to patients own GP. Ambulance crews may use GP notification systems where they exist. In the case of anaphylaxis, crews would admit to ED as per Trust CG 04 “Allergic Reactions”