Patient information helps guide the appropriate selection of medications, dosing, and routes of administration. This information includes patient-specific clinical information such as age, weight, allergies, diagnoses, co-morbid conditions, and pregnancy status, as well as patient monitoring information such as laboratory values, vital signs, and other parameters that gauge the effects of medications and the patients’ underlying disease processes. This information is critical because as many as 18% of serious, preventable adverse drug events (ADEs) stem from practitioners having insufficient information about the patient before prescribing, dispensing, and administering medications.¹

A Pennsylvania Patient Safety Advisory report² revealed more than 3,800 reports of cases in which patients received medications to which they had documented allergies. Narcotics and antibiotics were the most common medications listed in reports. Types of breakdowns in the communication of allergy information include documentation of patients’ allergies on paper but not entered into the organization’s computerized order-entry systems, allergy information not consistently documented in expected locations, organizations’ attempts to list every drug allergen on the wristband, and allergies arising during episodes of care but not documented in the medical record or communicated to appropriate staff. Strategies to address problems with patients’ documented allergies include adding clear and visible prompts in consistent and prominent locations; listing patient allergies, as well as a description of the reaction to the allergen, on all admission order forms; eliminating the practice of writing drug allergens on allergy arm bracelets; and making the allergy reaction selection a mandatory entry.

Obtaining allergy information from patients

Most health care practitioners realize that documenting patient medication allergies without including the type of reaction could lead to unnecessarily withholding the medication to which the patient has actually experienced a non–life-threatening drug reaction, not an allergic reaction.

When patients are asked about their allergy symptoms, many will state that the drug makes them drowsy or nauseated, which clearly does not indicate an allergy. Sometimes the “allergy” can mislead practitioners and result in unnecessary modification of treatment. Tell patients that when health care providers ask about allergies, it is very important to explain exactly what happens when they take the medication. Adverse effects can be common and expected, especially with certain drugs. For example, people may experience nausea when taking an opioid or diarrhea from an antibiotic. However, it is important to know that these adverse effects are not allergies.

Document all adverse effects patients report in the medical record and explain those effects that are indicative of an allergy to the patient.

- Allergy signs and symptoms that should prompt patients to contact the health care provider immediately are hives, red, itchy patches or rash and swelling.
- Allergy signs and symptoms that should prompt patients to seek emergency care immediately are any difficulty breathing, swelling in the face, tongue, lips, and/or throat, or difficulty swallowing.

Documenting allergy information in the medical record

Healthcare facilities should take steps to ensure that current and complete allergy information is accurately and clearly collected, and readily available to all practitioners at the point of care when prescribing, dispensing, and administering medications.

Some suggestions from the Pennsylvania Patient Safety Advisory for documenting allergy information more accurately include, but are not limited to:
• Standardize the current location(s) in which your practitioners and staff document and retrieve complete allergy information, including descriptions of the reaction(s). Develop a process to make sure updates occur in all these areas if the patient’s allergies change. Educate providers and staff.
• Add prompts in consistent locations to document allergy information and include clearly visible and prominently placed allergy prompts on the top of every page of all prescriber order forms (including blank, preprinted, and verbal order forms).
• Establish processes to verify and update allergy information upon each patient encounter. Errors have occurred when archived listings are assumed to be complete and correct (i.e., new allergy information has become available since the prior data was entered into the computer system).
• Establish a forcing function error reduction strategy to make the allergy “reaction” selection a mandatory entry in the organization’s order-entry systems for prescribers and pharmacists.
• Verbal or telephone medication orders—prescribers should always ask for the patient’s allergies and reactions. The receiver of the order should always present this information during this process.
• Educate prescribers, nurses, and pharmacists about medication allergies; focus on screening patients for the potential of a reaction, recognition of an allergic reaction, and the treatment of serious allergic reactions.
• When the patient reports having “no known allergies”, do not leave the allergy section blank; document “No Known Allergies” and the date recorded.  

Summary:

When allergy information is not clear and/or not consistently documented in the patient medical record, or appears in nonstandard locations, confusion and problems leading to medication errors may arise. It is critical for healthcare practitioners to be able to find current and accurate medication information about a patient at the time of prescribing, dispensing, and administering medications.

MagMutual Risk Management and Patient Safety Consultants invite our policyholders’ questions. If you wish to discuss issues related to this article, or have other questions please call us at 1-800-282-4882, and ask for Risk Management.

Related topics: Medication Management, Documentation

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2 Medication Errors Associated with Documented Allergies; Pa Patient Safety Advisory 2008, Sept; 5(3):75-80

3 ibid

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