Pharmaceutical & Medicines Management Guideline

Identifying, documenting and communicating medication alerts at KEMH

This document should be read in conjunction with the Disclaimer

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1. PURPOSE

To standardise the process at KEMH for identifying, documenting and communicating:

- Adverse Reactions and Allergies
- Medication alerts

2. CLINICAL RESPONSE TO ADVERSE DRUG REACTIONS

1. Stop administration of the medication immediately and implement appropriate emergency procedures.
2. Call the appropriate medical practitioner.
3. Commence observations – blood pressure, pulse, respiration.

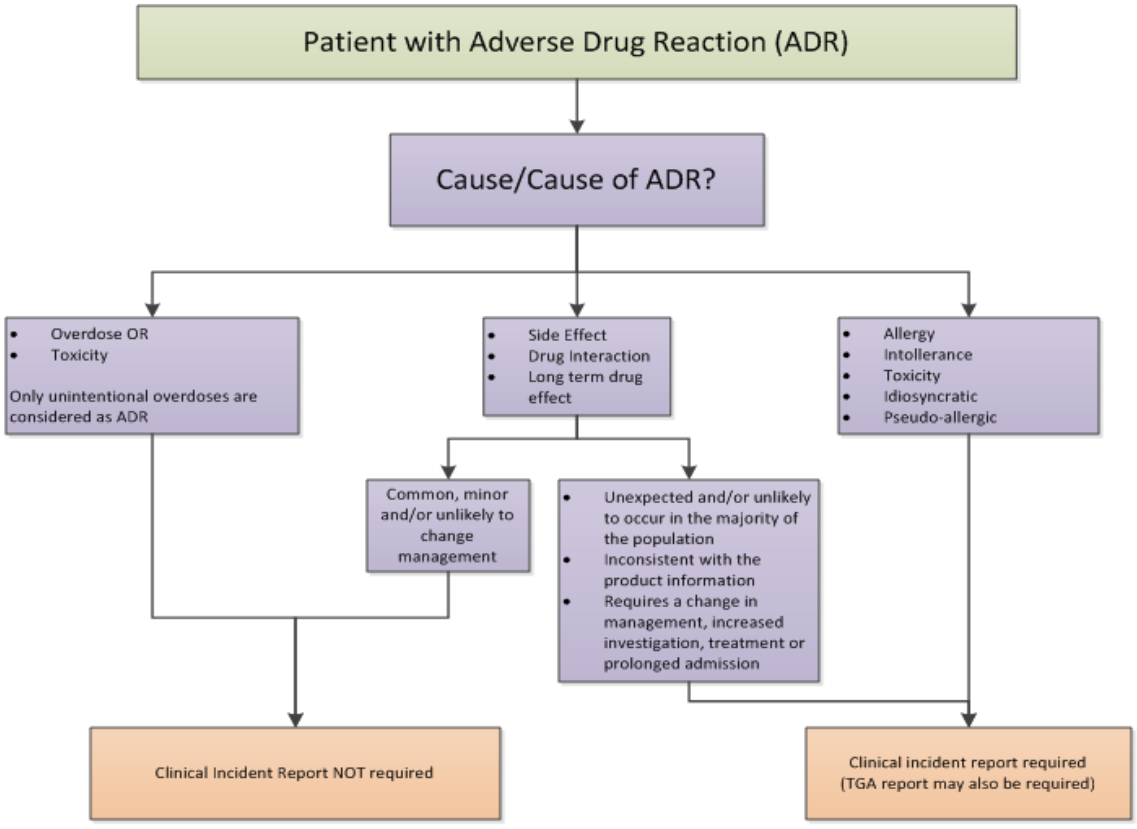
SEVERE REACTIONS:
Initiate resuscitation and Dial 55, Call Code Blue, Medical.

3. ADVERSE DRUG REACTIONS (ADR) REPORTING AND DOCUMENTATION

Staffs caring for the patient are responsible for documenting adverse drug reactions and allergies. Refer to Figure 1 for the assessment and management of ADR occurring during admission.

What to Document
1. Generic name of medication implicated. 2. The reaction which occurred. **3.** The date of the reaction.
Where to Document
1. All National Inpatient Medication Charts (NIMC) **2.** Medical Record **3.** MR ALERT 2 Form *(only for serious adverse drug reactions for inclusion on the PAS– refer to Section 4 – CLINICAL ALERT)* **4.** Patient's discharge summary **5.** TGA website

Figure 1: Assessment and management of ADR occurring during admission



1. All medication charts (NIMC)

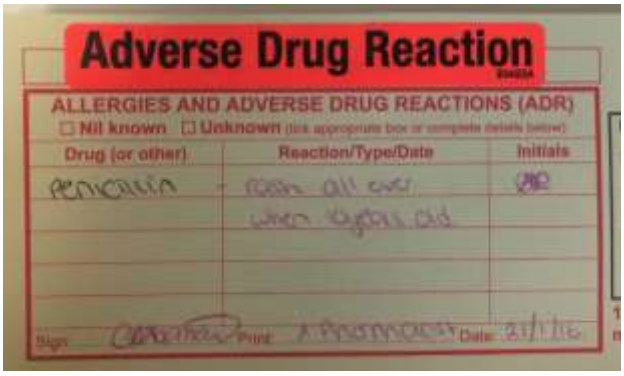
1. The “Allergies and Adverse Drug Reactions” section on the NIMC can be completed by patient’s doctors, nurses, and pharmacists.

2. The clinician completing the section should then sign, print name, and date the box.

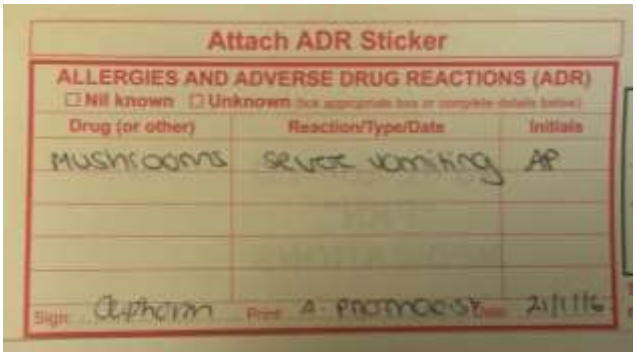
3. The “Adverse Drug Reaction” sticker should be attached to the front and back of all NIMC. *Note: if the reaction is not to medications, details can still be recorded but do not attach any stickers.*

4. Where patient does not have any known allergy or adverse drug reaction, the clinician should endorse “No Known Allergy/No Known Drug Allergy” in the section.

Example: Adverse Drug Reaction



Example: Non-Drug Reactions



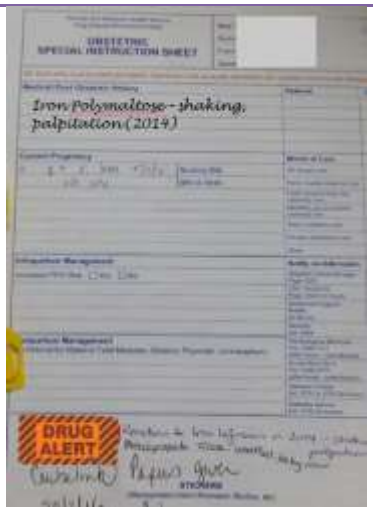
2. Medical Record

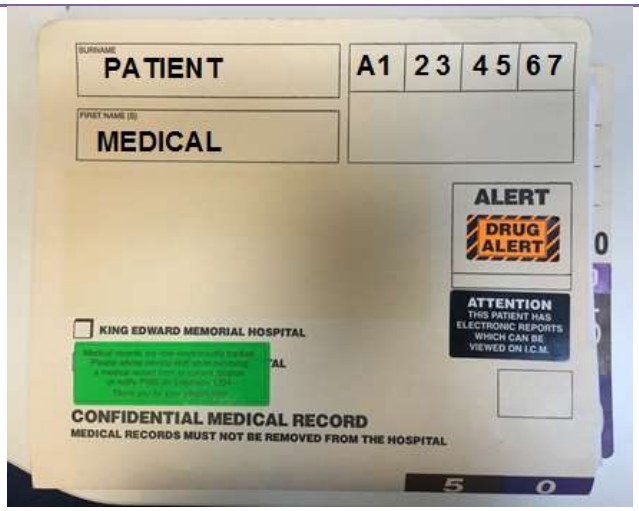
1. Attach the “DRUG ALERT” sticker inside the front cover of the medical record (this is usually the first page of the medical record)

2. On the same page, document the details of the reaction on the Alert section.

3. Attach the “DRUG ALERT” sticker on the front cover of the medical record.

Example on the left: Inside of the Front Cover of the Medical Record
Example on the right : Front Cover of the Medical Record





3. **MR ALERT 2 Form** *(only for serious adverse drug reactions for inclusion on the PAS– refer to Section 4 – CLINICAL ALERT)*

4. Patient's discharge summary

5. TGA Website

4. CLINICAL ALERT (MR ALERT 2)

A Clinical Alert is a diagnosis which has the potential to be of ***critical importance*** to a patient's management during the first 24 hours of their admission to hospital and assumes that the patient is not always capable of communicating such information. There are three classifications of clinical alerts:

- Anaesthetic
- Medical
- Medication

Medication Alert (Figure 2)

Not all adverse reactions and allergies can be considered as a Clinical Alert. Only serious life threatening reactions are to be documented on the PAS. Both the drug implicated and the reaction which occurred MUST be specified. A serious adverse drug reaction is defined as an absolute or relative contraindication to repeat administration of the drug. There is a need to differentiate between serious and severe reactions -"severe" is often used to describe the intensity of a medical event. Other cases require further clarification.

Medications /drugs of concern are those likely to be given without verbal consultation with the patient (i.e. when the patient is too unwell). Examples include antibiotics, anaesthetics, and analgesics.

Allergic reactions for inclusion:

(Drug and Non Drug Allergies e.g. Latex, Intravenous Contrasts, Chlorhexidine):

- Rash – if thought to be serious or severe, or accompanied by swelling of the whole
- body (not localised).
- Anaphylaxis or Anaphylactoid reactions.
- Serum Sickness.
- Angioedema - swelling of face, throat, neck, tongue.
- Bronchospasm, asthma, other breathing difficulties.

Other serious or life threatening reactions for inclusion:

- Agranulocytosis (e.g. clozapine).
- Extrapyramidal side effects (severe dystonia / laryngospasm) to antipsychotics.
- Stevens Johnson Syndrome.
- Toxic epidermal necrolysis.
- Malignant hyperthermia.
- Scoline apnea or cholinesterase problem.
- Neuroleptic Malignant Syndrome.
- Hepatitis or Nephritis.
- Other – must be deemed serious and life-threatening/causing significant harm.

Refer to the Western Australian Clinical Alert (Med Alert) Policy specifies in detail the types of reactions that can and should be considered as a Clinical Alert (therefore requiring an MR ALERT 2 Form to be completed). Using the Clinical Alert system for other diagnoses has the capacity to dilute the usefulness of the system.

1. Medical officers are responsible for reporting clinical (medical, anaesthetic, or medication related) alerts on the MR ALERT 2 Form.
2. Clinical pharmacists shall report medication related clinical alert on the MR ALERT 2 Form.
3. Once completed, this form is to be given to the ward clerk as soon as possible.
4. The ward clerk is to:
    i. Photocopy the completed MR ALERT 2 form
    ii. Send the ***original*** completed MR ALERT 2 form to the **KEMH Clinical Coding Department** via internal mail
    iii. Annotate the photocopied MR ALERT 2 form that the "Original copy had been sent to Clinical Coding" with the date and signature of the ward clerk
    iv. Keep the annotated photocopied MR ALERT 2 form in the patient's bedside file (next to the active NIMC).

5. Once the original MR ALERT 2 Form is received by the Clinical Coding department, the information will be reviewed, and if approved, entered onto TOPAS and then filed in the patient's medical record (an MR ALERT 1 form will be initiated by the Clinical Coding staff during this process).

6. Note: the printed coloured version of the MR ALERT 2 Form is also available for ordering through the HCN intranet.


MED ALERT / CLINICAL ALERT NOTIFICATION

Please send the completed form to your Clinical Coding Department

REQUEST TYPE: ☐ ADD ☐ UPDATE ☐ DELETE DATE: / /

CONDITION

CLINICAL ALERT FREE TEXT

APPLICANT

Office Use Only

Request Approved

Not Approved

Computer Only

CLINICAL ALERT NOTIFICATION

MR ALERT 2

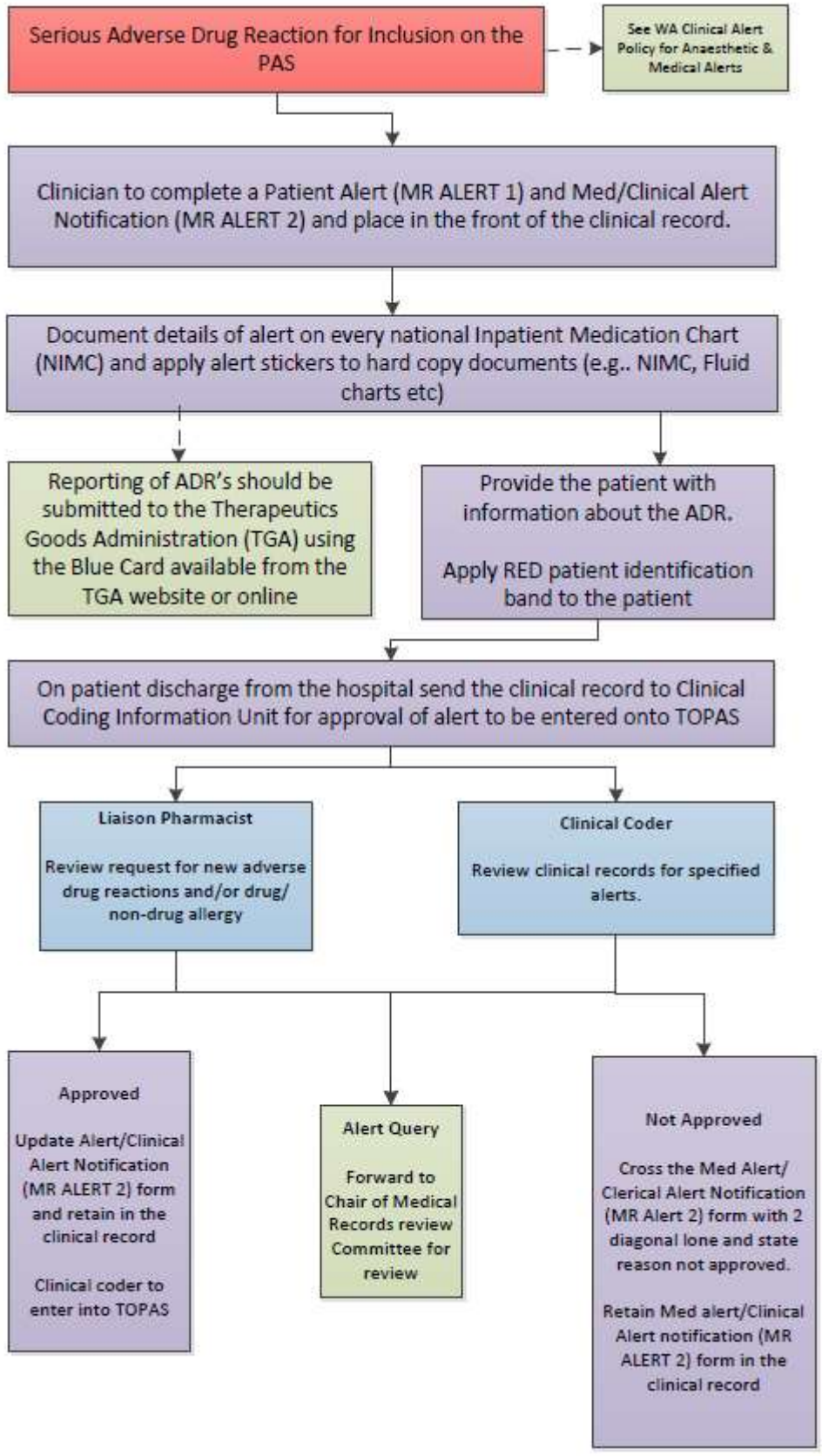
Form Name:
MR ALERT 2 CLINICAL ALERT NOTIFICATION

Code:
HDMRALERT2 01/15

5. ADVERSE DRUG REACTION INFORMATION BROCHURE

If a drug-related clinical alert occurs during hospitalisation a patient must be provided with the Adverse Drug Reaction Information Brochure for Consumers, or equivalent, that is completed by the treating medical team or pharmacist. (Printable brochure available at: http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/safety/PDF/Medication%20safety%20resources/Consumer%20adverse%20drug%20reaction%20brochure.ashx)

Figure 2: Serious Adverse Drug Reactions for Inclusion on the PAS



Reference

Legislation – Mandatory Policy MP 0053/17 Western Australian Clinical Alert (Med Alert) Policy

Related policies

Legislation – Mandatory Policy MP 0053/17 Western Australian Clinical Alert (Med Alert) Policy

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Author / Reviewer:	KEMH Pharmacy Department		
Date first issued:		Version:	
Last reviewed:		Next review date:	
Endorsed by:	Drug & Therapeutics Committee	Date:	
Standards Applicable:	NSQHS Standards: 1 Clinical Care is Guided by Current Best Practice 4- Medication Safety; 5- Patient Identification and Procedure Matching; 6- Clinical Handover		

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