



Pharmaceutical & Medicines Management Guideline

Identifying, documenting and communicating medication alerts at KEMH

This document should be read in conjunction with the [Disclaimer](#)

Contents

1. PURPOSE1

2. CLINICAL RESPONSE TO ADVERSE DRUG REACTIONS1

3. ADVERSE DRUG REACTIONS (ADR) REPORTING AND DOCUMENTATION..... 3

4. CLINICAL ALERT.....4

5. ADVERSE DRUG REACTION INFORMATION BROCHURE6

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.

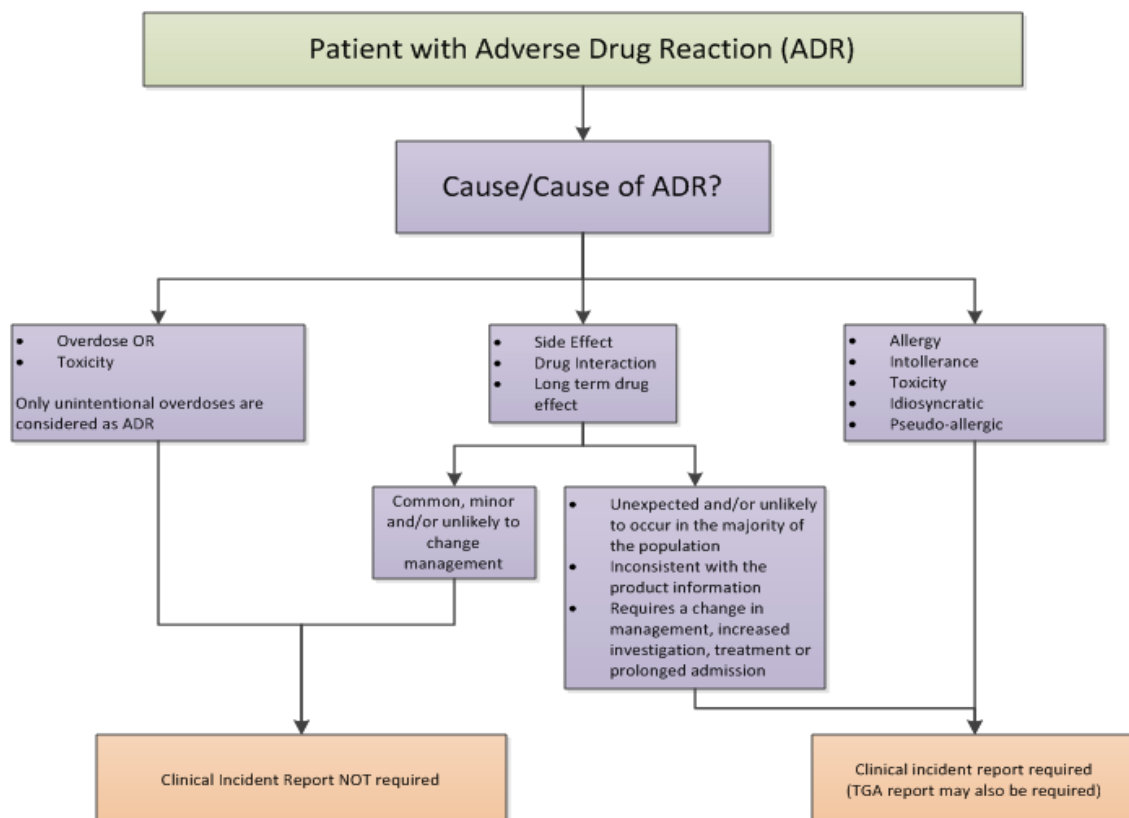
What to Document

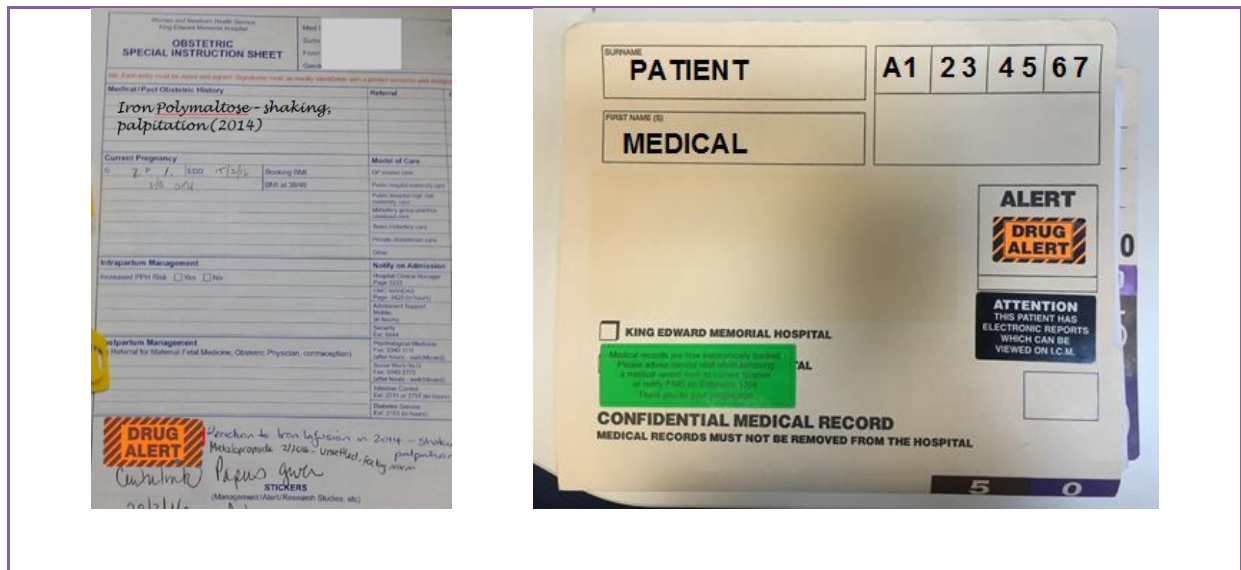
1. Generic name of medication implicated.
2. The reaction which occurred.
3. The date of the reaction.

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





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:

Identifying, documenting and communicating medication alerts at KEMH

- Agranulocytosis (e.g. clozapine).
- Extrapyrimal 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](#).

HEALTH DEPARTMENT OF WESTERN AUSTRALIA
 _____ HOSPITAL

Please use I.D. label or block print

MED ALERT / CLINICAL ALERT NOTIFICATION

Application for adding, removing or modifying a Med Alert. This is only for conditions which are of a life-threatening nature and likely to be recurrent.

Requestor: SURNAME _____ URB _____
 GIVEN NAMES _____
 D.O.B. _____ SEX _____

Please send the completed form to your Clinical Coding Department

REQUEST TYPE: ADD UPDATE DELETE DATE: / /

CONDITION (see over):
 Clinical Alert code: _____ Condition: _____
 Please name the condition if not listed: _____

CLINICAL-ALERT FREE TEXT (200 characters)

APPLICANT
 Clinician's Name: _____ Signature: _____
 Unit / Department: _____

Office Use Only
 Clinical Alert Request Received Date: / /
 Request Approved
 Not Approved Requestor Notified: Yes No
 Name: _____ Signature: _____

Computer Entry
 Name: _____ Signature: _____

DO NOT WRITE IN REDDISH MARGIN

MR ALERT 2 CLINICAL ALERT NOTIFICATION

Form Name:
 MR ALERT 2 CLINICAL
 ALERT NOTIFICATION

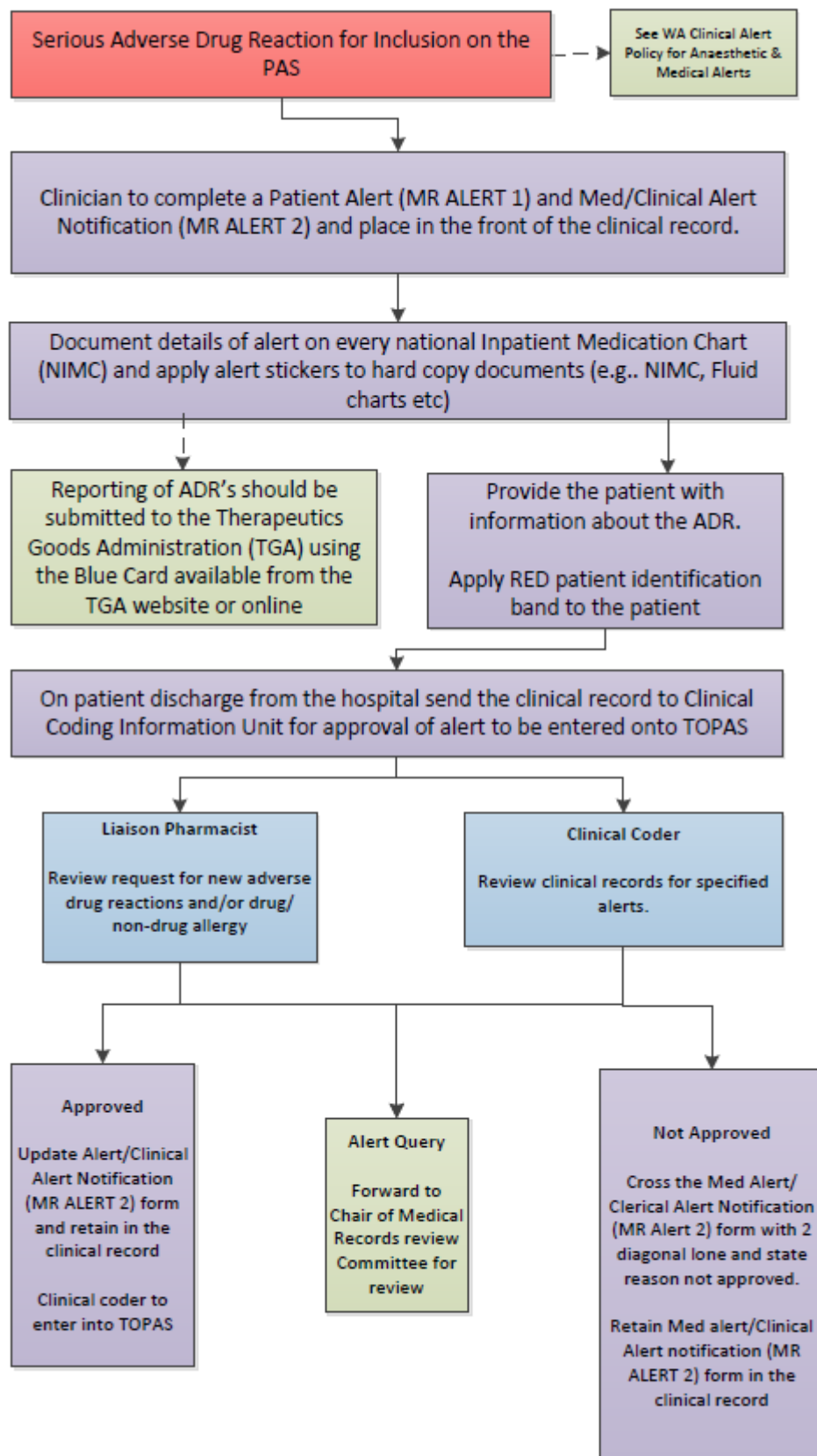
Code:
 HDMRALERT2 01/15

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](#)

Keywords:	Medication alerts, ADR, adverse drug reaction, adverse reaction, clinical alerts, clini-alert, drug alert, drug allergy stickers, med alert notification, anaesthetic alert, medication alert, medical alert, MR alert 2 form		
Document owner:	Chief Pharmacist		
Author / Reviewer:	KEMH Pharmacy Department		
Date first issued:	July 2014	Version:	3.0
Last reviewed:	July 2017	Next review date:	July 2020
Endorsed by:	Medicines and Therapeutics Committee	Date:	Aug 2017
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		
Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from the WNHS website.			

© Department of Health Western Australia 2017