

University of Wisconsin Department of Family Medicine – Residency Clinics
CLINICAL POLICY AND PROCEDURE

TITLE: ALLERGY / ADVERSE REACTION VERIFICATION

Effective Date: April 1, 2007

Approval: Vice Chair of Clinical Care

Supersedes Policy: None

Contact: DFM Director of Clinical Care Services

Reviewed				

SCOPE: Applies to all DFM residency and UWFM clinics.

PURPOSE: To provide guidelines for the verification of allergies and adverse reactions at DFM residency and UWFM clinics.

DEFINITION: The verification of allergies and adverse reactions is used to ensure appropriate medication ordering and quality of patient care for all DFM and UWFM patients.

POLICY: Updating or verifying allergies/ adverse reactions at each clinic visit is an organizational requirement. (Therapies such as Physical/Occupational therapy, Speech therapy, Nutrition therapy /dietician, Audiology and AODA visits at Gateway are excluded from the requirement, and will verify allergies only as indicated, ie in the event of medication orders, patient reports recent change in Allergy history)

PROCEDURE:

1. Introduce yourself and identify the patient.
2. Provide good light and provide privacy by closing curtains or door.
3. Substance: Indicate any of the following allergies/adverse reactions or changes in patient's allergy status into EpicCare.
 - Medications - List all allergies and adverse reactions that could prevent providers from ordering this medication again.
Note: For patient reported preferences, note in Medication entry as the reason for patient discontinuation, or in the Nursing Notes if patient requests that a certain medication not be prescribed for an ambiguous reason. Check with the provider before adding these to the Allergy section or Problem list.
 - Environmental – List reactions to environmental substances patients are likely to encounter during the delivery of care (e.g., latex, tape, adhesives, etc.).
 - Foods – List allergies for foods which may cross react with medications (e.g., eggs, soy, peanuts, etc.), indicators of latex sensitivity (kiwi, avocados, guacamole, chestnuts, bananas, papaya) or for foods where the patient reports a history of severe reaction, such as anaphylaxis, throat swelling, etc. Do not document dietary preferences in the allergy section (i.e., patient doesn't like broccoli).

4. Reaction

4.1. For each substance indicate at least one reaction.

4.2. Use a reaction of “unknown” if the type of reaction is not known or if this information is unavailable.

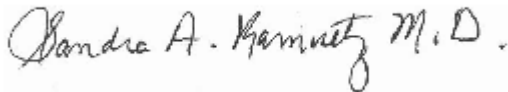
4.3. For reactions not on the list contact Support Magic.

BASED ON: UWMF Policy: Allergy / Adverse Reaction Verification, effective April 1, 2007

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REVIEWED BY: EpicCare Clinic Operations Workgroup

AUTHORIZATION:



March 29, 2007

Vice Chair of Clinical Care

Date