

ALLERGY ASSESSMENT – A STUDENT GUIDE

DESCRIPTION OF GUIDE

This guide provides students with a framework that will allow them to conduct an allergy assessment and complete the appropriate documentation.

LEARNING OBJECTIVES

After reviewing this guide the student will be able to:

- ✓ Describe the importance of separating true allergic responses from adverse drug reactions.
- ✓ Gather specific drug allergy information from the patient and document responses.
- ✓ Educate the patient on the differences between a true allergic reaction and an adverse drug reaction as necessary.

PROCESS

Note: The resource provided here serves as a general guide for use but the practice educator can amend this at any time to better suit their practice environment and patient population. As approaches and resources may vary, students should always discuss their approach with the practice educator on site prior to completing these types of activities for the first time while on practicum.

Care should be taken to be specific when gathering drug allergy information from the patient. Patients should not be exposed to a product that has produced a true allergic reaction; a portion of a pharmacist's responsibility is to separate true allergic responses from adverse drug reactions. This information will directly impact the choice of drug products to be used in a patient.¹ In some cases, however, this may be difficult to gather/collect if the patient has a limited history and/or memory of the event.

1. Prior to conducting any allergy assessment students are encouraged to review the **Allergy Assessment Form** and the **Requirements Checklist for Allergy Assessment** and collect any necessary background information (e.g. any listed medication allergies in the patient's medical record profile and/or PharmaNet profile).
2. Under the guidance and supervision of the practice educator and/or designated pharmacist, the student must:
 - a. Ask each patient they are involved in providing care to about their allergy history including drug and non-drug allergies, using the **Allergy Assessment Form** as a guide if needed.
 - b. Clarify the nature of the allergic response, the product that caused the reaction, and the timing of the reaction.
 - c. Document their response as directed by the practice educator and as per the requirements and guidelines of the practicum site. Students may use the **Allergy Assessment Form** to guide this process.
 - d. Educate the patient about the difference between an allergic reaction and an adverse drug reaction or drug intolerance as applicable.

¹ Cipolle RJ, Strand LM, Morley PC Pharmaceutical Care Practice: The Clinician's Guide, McGraw Hill, 2004.

- e. Consider the following questions and document their findings in the patient's profile, as per the site requirements and under the guidance and direct supervision of the practice educator/designated pharmacist:
- Are the allergies recorded on the patient's profile/chart?
 - Is an alert sheet/caution sheet present in the patient's chart? And if so it is completed?
 - If allergies are noted, is the reaction and when it occurred also described and/or noted?
 - Are the allergies noted in PharmaNet? Is the information up to date and complete?
 - What type of educational support was needed and provided?

ACCESSORY RESOURCE(S)

- Allergy Assessment Form (see below and Accessory Resources folder on Connect/Canvas)
- Requirements Checklist for Allergy Assessment (see Appendix 2)

ALLERGY ASSESSMENT FORM¹

Please use a separate form for each medication the patient has identified as an allergy.

Patient:

Pharmacist:

Date:

Drug Allergies	
1. Name of the medication to which patient reacted	
2. In what year did the allergic reaction occur and who told the patient they had this reaction?	
3. How was the medication given?	<input type="checkbox"/> Orally <input type="checkbox"/> Intravenously <input type="checkbox"/> Injection <input type="checkbox"/> Other:
4. Does the patient remember how soon after taking this medication the reaction occurred?	<input type="checkbox"/> Within 24 Hours <input type="checkbox"/> 1-3 Days <input type="checkbox"/> >3 days <input type="checkbox"/> Unknown
5. What type of reaction did the patient have? (Check all that apply)	
<input type="checkbox"/> Hives/Welts <input type="checkbox"/> Shortness of breath/trouble breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Chest tightness <input type="checkbox"/> Tightness in throat <input type="checkbox"/> Passed out <input type="checkbox"/> Nausea, vomiting, diarrhea, cramping <input type="checkbox"/> Other type of rash – please describe Swelling <input type="checkbox"/> Eyes <input type="checkbox"/> Face <input type="checkbox"/> Lips <input type="checkbox"/> Tongue <input type="checkbox"/> Other (please specify): Other type of reaction – please describe:	
6. Has the patient taken this drug or similar drugs since the reaction?	
<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes – if yes, list similar medications:	
7. Has the patient seen an allergist and had testing done? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes what were the findings/results?	
Drug Allergy Assessment	
<input type="checkbox"/> No known drug allergies <input type="checkbox"/> Contraindication – drug causes life-threatening reaction, patient should never receive the drug <input type="checkbox"/> Caution – drug causes a moderate to severe side effect; patient should avoid if possible but may receive with monitoring if benefit outweighs the harm	
Drug Allergy – Pharmacist Action where applicable	
<input type="checkbox"/> Educate the patient on their allergy (i.e. intolerance vs. true allergy), drugs to be avoided, and refer to allergist <input type="checkbox"/> Recommend and Educate on EpiPen™ (or other drug product: _____) and Allergy Alert Bracelet <input type="checkbox"/> Update allergy status on pharmacy site documentation, including Pharmanet	
Non Drug Allergies	
1. Does the patient have any Non Drug Allergies?	
<input type="checkbox"/> None <input type="checkbox"/> Fish <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut <input type="checkbox"/> Lactose <input type="checkbox"/> Contrast Media <input type="checkbox"/> Latex- topical <input type="checkbox"/> Latex- anaphylactic <input type="checkbox"/> Other If yes – what is the reaction?	

¹ Adapted with Permission: Providence Health Care Practice Standard IDG1064 – Allergy/Intolerance. November 2013. Copyright© 2014 Faculty of Pharmaceutical Sciences.