COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY
Anaphylaxis/Adverse Drug Reaction Policy		**DRM-053**
MANUAL	EFFECTIVE DATE	REVIEW DATE
Drug Room	**10-1-2020**	**10-1-2020**
DEPARTMENT	REFERENCE	
Drug Room	**Oklahoma Pharmacy Law Book**	

SCOPE

This policy applies to all patients receiving care and treatment at MANGUM REGIONAL MEDICAL CENTER.

PURPOSE

To recognize the potential danger associated with any anaphylactic or adverse drug reaction to any drug given. To provide a consistent method of treating and reporting anaphylactic and adverse drug reaction.

DEFINITIONS

Adverse Drug Reaction: The American Society of Health-System Pharmacists (ASHP) defines an adverse drug reaction (ADR) as "Any unexpected, unintended, undesired, or excessive response to a drug that:

a) Requires discontinuing the drug (therapeutic or diagnostic)
b) Requires changing the drug therapy
c) Requires modifying the dose (except for minor dosage adjustments)
d) Necessitates admission to a hospital
e) Prolongs stay in a health care facility
f) Necessitates supportive treatment
g) Significantly complicates diagnosis
h) Negatively affects prognosis, or
i) Results in temporary or permanent harm, disability, or death.

Anaphylaxis: A life-threatening allergic reaction that affects two or more parts of the body at once, including your skin, mouth, stomach, lungs or heart. Often it occurs as a series of reactions.

POLICY

All anaphylactic and/or adverse drug reactions will be reported to the Medical Provider, Pharmacy and Therapeutics (P&T), Quality, Medical Staff, and Governing Board committees.

PROCEDURE

1. In the initial nursing assessment, notes of allergy history of the patient and /or a strong family history associated with an allergy to any drug or food associated with drug reaction should be documented.
2. Food allergies associated with latex allergy such as kiwi, chestnut, bananas and avocados should be considered as potential warning signs.
3. Instruct the patient of the possibilities of allergic reaction which may manifest itself by symptoms such as generalized itching, tightness in the chest, a feeling of pressure, or difficulty breathing and immediately report these symptoms to healthcare personnel.
4. Establish a baseline data for vital signs of B/P, pulse, temp, respiration and pulse oximetry.
5. Keep a crash cart available.
6. Be alert for anaphylaxis or adverse drug reaction when administering any drug especially those with high potential for reaction such as PCN, Tetanus, allergy shots or any drug your patient has never taken before. Signs of anaphylaxis:
    a) Urticaria
    b) Edema
    c) Hypotension
    d) Disorientation
    e) Cyanosis
    f) Respiratory difficulty with or without wheezing
    g) Hives
7. Discontinue drug at the first sign of possible symptoms.
8. Maintain an open IV.
9. Maintain an airway; apply oxygen as needed and notify Respiratory Therapy.
10. Place the patient in Trendelenburg position unless contraindicated.
11. Notify the ER provider or the medical provider on call.
12. If patient's condition is critical and the above measures fail, prepare to call for a Code Blue.
13. Document in nurses notes the reaction, condition and action taken.
14. Notify the House Supervisor and/or Charge Nurse of the anaphylactic or adverse drug reaction.
15. Complete an Incident Report and complete the information under Adverse Drug Reaction and forward to the Quality Manager (see Attachment A for details)
16. Any ADR that involves a newly FDA approved medication or involves an unusual or serious reaction not previously listed in a medication package insert, is to be submitted to the FDA through the MEDWATCH reporting program.

REFERENCES

https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program

ATTACHMENTS

Anaphylaxis/Adverse Drug Reaction Reporting Form

REVISIONS/UPDATES

Date	Brief Description of Revision/Change

Anaphylaxis/Adverse Drug Reaction Reporting Form

Medical Records Number: _____ Patient Name: _____ Provider _____
Sex: Male _____ Female _____ Date/Time of: _____
Observer's Name: _____ Date of Report: _____ Time of Report: _____

Event Detail: _____

Suspected Medication: _____ Dose: _____

Route: _____ Frequency: _____ Rate of administration (if IV): _____
Date Med Ordered: _____

Information on this reaction can be found on (date) _____/_____/_____ in: _____ Nurses Notes

Reaction:
_____

Reaction on-set Time: _____ Was the Reaction Treated: _____Yes _____No
Date of Adverse Reaction: _____
Describe Treatment:
_____

GENERAL CLASSIFICATION OF REACTION

_____ Anaphylactic
_____ bleeding
_____ Brady Cardia
_____ Cardiac Arrest
_____ Cardiovascular
_____ Coma
_____ Dermatologic
_____ Elevated Temp
_____ Elevated INR
_____ GI
_____ Hematologic
_____ Hepatic
_____ Hypotensive
_____ Infection
_____ Itching
_____ Metabolic (electrolytes)
_____ Musculoskeletal
_____ Neurologic
_____ Psychological
_____ Pulmonary
_____ Renal
_____ Tachycardia
_____ Urticaria
_____ Vascular
_____ Vaccine

Other: _____

OUTCOME:

MILD:
_____ required no intervention, no apparent harm to patient.

MODERATE:
_____ required treatment or intervention due to temporary harm.
_____ Increased monitoring.
_____ Prolonged hospitalization required.

SEVERITY:

_____ Death _____ Permanent Disability _____ Increased length of stay

Anaphylaxis/ADR outcome: _____ Reason for Admission _____ Preventable _____ Dose Related
_____ to be reported to FDA

Person Completing this Form: _____