

Care Homes Good Practice Guidance

Medication Allergies and Sensitivities

Purpose of the Document

This document is to be used in conjunction with the care homes medication policy which also includes instruction on how to manage medication allergies and sensitivities in the care home.

This document has been produced to support care home staff to understand the following: what medication allergies and sensitivities are, how to deal with a resident experiencing a suspected medication allergy reaction and what documentation is required to reduce the chances of harm from any medication allergy or sensitivity.

This document focuses on medication allergies and sensitivities only and does not include information on the handling of non-medication allergies and sensitivities.

Definitions

Medication Allergy: A medication allergy is an abnormal reaction to medicine. This is when the immune system reacts to a medicine or an ingredient inside the medication. This immune system reaction can be caused by any type of medication such as prescribed medication, over the counter medication or herbal medication. When an allergic reaction occurs, the immune system which fights infection and disease reacts to the medicine and causes symptoms such as rash, fever or trouble breathing. Other allergic reactions can take days or weeks to appear. They may develop more quickly though if you have had a reaction to the same drug before. Often reactions affect the skin. Sometimes they may cause symptoms from problems with the blood and internal organs such as the liver and kidneys. (NICE Clinical guideline CG183)

Medication Sensitivities: This is a type of abnormal reaction to medication which is not caused by an immune system response and is usually not as serious or harmful in nature. Sensitivities may be known side effects of the medication that are significantly noticeable for a particular resident.

Type of Reactions

Signs and symptoms of medication allergy can range from mild to life-threatening. Medication allergies are not that common. A reaction is more likely to be caused by a medication allergy if it occurred during or after the administration of a medicine but can also be delayed occurring hours and days after the administration of the medicine.

Medication allergy signs and symptoms may include:

- Rashes
- Itching
- Nausea
- Vomiting
- Diarrhoea
- Lethargy
- Headaches
- Blurred vision

A reaction may be a known side effect of the medicine and hence unlikely to be a medicine allergy. All possible side effects of a medicine are listed in the patient information leaflet which can be found inside the original medication packaging.

Anaphylaxis

In more serious but rare cases, anaphylaxis can occur. This is a life-threatening medication allergy that can cause widespread bodily dysfunction. Signs and symptoms of anaphylaxis are:

- Tightening of the airways and throat, causing trouble breathing
- Nausea or abdominal cramps
- Vomiting or diarrhoea
- Dizziness or light-headedness
- Weak, rapid pulse
- Drop in blood pressure
- Seizure
- Loss of consciousness

Management of Anaphylaxis

Anaphylaxis is a medical emergency and 999 should be contacted for help immediately. If a care home resident is having an anaphylactic reaction they require immediate treatment with an injection of adrenaline. If the resident has an adrenaline autoinjector (e.g. EpiPen, Jext or Emerade), the care home staff must give a shot of adrenaline. Instructions on how to do this can be found on the side of the adrenaline autoinjector. There should be care home staff who have received some training on the

use of an adrenaline autoinjector present on site should a resident need this to be administered to them in an emergency.

Please see [appendix 1](#) for a visual chart on how to manage anaphylaxis.

Non-anaphylactic Allergic Reactions

Antihistamines are not recommended as part of the initial emergency treatment for anaphylaxis. Antihistamines have no role in treating respiratory or cardiovascular symptoms of anaphylaxis.

Antihistamines are usually used to treat mild to moderate allergic symptoms, such as skin rash, and can be administered where they are not contraindicated. However, they must not be given in preference to adrenaline to treat anaphylaxis. In the presence of ongoing Airway/Breathing/ Circulation problems of anaphylaxis, give further intramuscular adrenaline and seek expert advice.

For a mild to moderate allergic reaction that is not anaphylaxis, you should promptly discuss with an appropriate clinician at the GP Practice or call 111 for advice.

Support in Using Adrenaline Autoinjectors

Online videos are available to support you with the use of adrenaline autoinjectors:

	EPIPEN	JEXT	EMERADE
HCP Training	http://www.epipen.co.uk/hcp/	http://www.jext.co.uk/	http://www.emerade.com/hcp/adrenaline-auto-injector
Patient training	http://www.epipen.co.uk/patients/	http://www.jext.co.uk/	http://www.emerade-bausch.co.uk/patient/

A pharmacist or pharmacy technician can train you on how to use an adrenaline autoinjector at the time of dispensing and other healthcare professionals may be able to support or direct you to some further training. See: Local guidance on the prescribing of [adrenaline autoinjectors](#) for further information.

Documentation

All care home residents must have their medication allergies and sensitivities documented in a single agreed place, which is usually the Medicines Administration Chart (MAR) charts. The resident's medication allergy status should be recorded on the MAR with typically one of the following:

- 'Medication allergy' (full name of the medication and the nature of the reaction e.g. rash, swollen lips)
- 'None known'

Medication allergies and sensitivities should be recorded in the care homes agreed place (typically the MAR charts) immediately during the resident's admission into the care home. The nominated pharmacy that provides the resident's medication should be informed of all medication allergies and sensitivities.

Information on medication allergies and sensitivities should be obtained during [medication reconciliation](#) this will include at any point of transfer where the resident may have experienced a medication allergy or sensitivity. Hospital discharge letters, clinic letters or General Practitioner (GP) patient records are sources where this information can be found. Verbal information from the resident or a relative about medication allergies or sensitivities may also be helpful.

Prior to each medication round, care home staff administering medication should check the MAR charts or agreed place of documentation for allergies and sensitivities, to establish if the resident has a known medication allergy. They should then be comfortable that the resident does not have a known allergy to the medication they are about to administer. If it is unclear whether a resident has an allergy to a type of medicine (e.g. a resident with an allergy to penicillin cannot take several antibiotics), then it is important to check with a healthcare professional, (e.g. a pharmacist).

Certain foods are sometimes found in medicine, this is the case in vaccines. If a resident is allergic to egg, care home staff should be aware that certain vaccines (for example the seasonal flu vaccine) can contain small amounts of egg protein. You should make any clinician giving these vaccines aware prior to administration.

Following a Suspected Medication Allergy

Any symptoms or signs believed to have been caused by a medication allergy should be taken seriously. The resident's GP Practice should be informed, and appropriate medical advice should be sought. The suspected medication should be stopped immediately. The resident may require observations and the GP Practice Clinician may prescribe medications such as an antihistamine or a corticosteroid cream. It is important to obtain this from the pharmacy and administer to the resident as soon as possible. If a clinician has already prescribed an antihistamine for the resident, then this can be administered in the situations detailed above.

Information to Record Following a Suspected Medication Allergy

It is important for care home staff to capture the following information following a suspected medication allergy reaction and provide it to the resident's GP.

1. The full medication name, strength and formulation and route of administration
2. A description of the reaction

3. The date and time of the reaction
4. How many doses were taken before the onset of reaction

Any resident that has had a suspected medication allergy should be educated about their medication allergy and those at risk of severe reactions may wish to purchase a medical alert bracelet. These alert bracelets can be purchased from online retailers.

Reactions to medications including those due to medication allergies and sensitivities should be reported to the [Yellow Card Scheme](#).

Auditing

The home should have a system to check that medication allergies and sensitivities are up to date and that every resident has an allergy status recorded in the agreed place of recording medication allergy and sensitivities such as the MAR charts.

Any changes or discrepancies should be highlighted to the nominated pharmacy immediately. The nominated pharmacy can then update MAR charts with the most up to date and accurate medication allergies and sensitivities. In addition, these discrepancies should be highlighted to the resident's GP so that the GP practice clinical notes can be updated.

Appendix 1 – Actions to follow if anaphylaxis is suspected:

Watch for signs of **ANAPHYLAXIS** (life-threatening allergic reaction). Anaphylaxis may occur without skin symptoms. Always consider anaphylaxis in someone who has a known allergy and has **SUDDEN BREATHING DIFFICULTY**.

Airways	Breathing	Circulation
swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).	<ul style="list-style-type: none"> sudden onset wheezing breathing difficulty noisy breathing. 	<ul style="list-style-type: none"> dizziness feeling faint sudden sleepiness tiredness confusion pale clammy skin loss of consciousness.


If ANY ONE (or more) of these signs are present:

- Lie flat with legs raised** (if breathing is difficult, can sit up).
- Administer an adrenaline auto-injector without delay** (e.g. EpiPen, Jext, Emerade).
- Dial 999** for an ambulance and say "**ANAPHYLAXIS (ANA-FIL-AXIS)**".

IF IN DOUBT, give adrenaline

After giving adrenaline:

- Stay where you are until ambulance arrives, **do NOT stand up**.
- Phone emergency contact.
- If no improvement after 5 minutes, a second adrenaline auto-injector should be used.**
- Commence CPR if there are no signs of life.



See www.anaphylaxis.org.uk

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