

ALLERGY/INTOLERANCE STATUS



Physician Order

IF YOU RECEIVED THIS FAX IN ERROR, CALL 604-984-5701 IMMEDIATELY

- Must be completed by prescriber upon hospital admission. See reverse for guidelines
- Failure to complete this form will delay provision of drugs
- Fax new and revised status record to pharmacy

DATE: TIME:	REACTION DESCRIPTION (See reverse for guidelines)		
DRUGS <input type="checkbox"/> NONE KNOWN			
<input type="checkbox"/> UNABLE TO OBTAIN			
LATEX <input type="checkbox"/> NONE KNOWN			
<input type="checkbox"/> UNABLE TO OBTAIN			
<input type="checkbox"/> YES	<input type="checkbox"/> localized	<input type="checkbox"/> systemic	
CONTRAST MEDIA <input type="checkbox"/> NONE KNOWN			
<input type="checkbox"/> UNABLE TO OBTAIN			
<input type="checkbox"/> YES	If yes, check test if known	<input type="checkbox"/> CT	<input type="checkbox"/> IVP
		<input type="checkbox"/> MRI	<input type="checkbox"/> Other
FOOD/OTHER <input type="checkbox"/> NONE KNOWN			
<input type="checkbox"/> UNABLE TO OBTAIN			
MATERNITY <input type="checkbox"/> PREGNANT	<input type="checkbox"/> BREASTFEEDING		
_____	_____	_____	_____
Printed Name	Signature	College ID	Pager/Cell

NEW REACTIONS / UPDATES OCCURRING DURING ADMISSION:
Complete update below, then write "See Updated Allergy/ Intolerance Sheet" In Physician's Orders.

DATE & TIME	ALLERGY/ INTOLERANCE	REACTION DESCRIPTION	Signature, Printed Name, College ID	Faxed to Pharmacy

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GUIDELINES FOR COMPLETING THE ALLERGY / INTOLERANCE STATUS FORM

- 1) It is the responsibility of the prescriber to ensure completion of this form. If the prescriber cannot be present to complete the form, a RN may take a verbal order for completion of the allergy/ intolerance status form.
- 2) For each allergy/intolerance noted, complete:
 - a) the reaction (signs and symptoms)
 - b) time of onset of reaction relative to drug administration (less than 24 hours, 24 to 72 hours or more than 72 hours)
 - c) any interventions needed, if known
 - d) if information on the reaction cannot be obtained, then document as "unknown". Future attempts should be made to obtain a description of the reaction.
- 3) If new reaction information is subsequently obtained, or the assessment is revised, the allergy/intolerance status form must be updated and faxed to pharmacy.
- 4) All new reactions occurring in hospital should be assessed and documented by a physician. New allergic reactions/ intolerances should be ADDED to the Allergy/ Intolerance form, dated, and the form re-faxed to Pharmacy.

**Classification of reactions to latex
(See Patient Care Guidelines)****Localized:** rash or localized hives following direct contact with latex**Systemic:** throat constriction, bronchospasm, low blood pressure, asthma, generalized swelling, prominent rhinoconjunctivitis.