

MEDICATION SAFETY ALERT

RECORDING AND COMMUNICATION OF ADVERSE DRUG REACTIONS (ADR)

KEY POINTS

- Ensure that the nature of each ADR is clarified.
- Ensure clinically important ADRs are appropriately documented on the medication chart and the cover of the medical notes and, the patient wears a red alert bracelet (as per Operational Directive 2079/06).
- Communicate ADRs to all stakeholders at transitions of care.

ACTION REQUIRED BY HEALTH SERVICES

Health services should have systems in place to ensure that:

- A comprehensive medication history is taken and appropriately documented for all patients. This includes any past adverse reactions to medications (all routes -including topical preparations).
- A second source of information (such as the patient's GP, carer, or past medical notes) is used to clarify adverse drug reactions when required.
- Identification and clarification of adverse drug reactions is a component of all medication chart reviews, consistent with the Pharmaceutical Review Policy.
- When a previous or new ADR is identified, details are documented in the medical notes, including the culprit medication and the reaction observed. Where possible, a date of reaction should also be recorded.
- Information of previous ADRs, particularly severe hypersensitivity reactions, is incorporated in clinical handover and 'TEAM TIME OUT' (prior to commencement of a procedure).
- Caution is exercised when initiating any new pharmacological agent in a patient with a history of severe or life threatening hypersensitivity to any drug.

The treating clinician is responsible for determining whether an ADR is clinically important. In the case of ADRs involving hypersensitivity reactions or clinically important side effects the following actions are required:

- Document details inside of the front cover of the medical notes. A "DRUG ALERT" sticker should be placed next to the text and on the front cover.
- Document details on every medication chart. Attach an "ADVERSE DRUG REACTION" sticker on the red "Attach ADR Sticker" box and on the back page.
- ADR details must be transferred to any new medication charts that are commenced.
- A red "drug alert" band must be placed on the wrist of all patients identified with a proven or suspected clinically important ADR (as per Operational Directive 2079/06).

New ADRs occurring during a hospital episode also require:

- Effective communication with the patient about the ADR
- Communication of information detailing a new ADR to the general practitioner at discharge.
- An ADRAC form to be completed and forwarded to ADRAC (via the pharmacy department).

BACKGROUND

From July 2006 to June 2008, 66 incidents were reported to WA AIMS involving a previous known ADR. The outcome for 28 of these patients was moderate or greater harm. These included three patients with significant or severe harm. These incidents highlight the importance of appropriate documentation and communication about a patient's past history of ADRs at each hospital admission.

Incomplete or conflicting documentation about a previous ADR on current or previous admission notes has the potential to cause fatal outcomes.

Terminology

The World Health Organization defines an ADR as a response to a drug that is noxious, unintended or undesired occurring at doses normally used for the prevention, diagnosis or treatment of disease. ADRs can be divided into one of two major subtypes A and B. Type A reactions are common and can often be managed with dose modification or drug withdrawal. Type B (hypersensitivity) reactions include unpredictable allergic responses, which may be life threatening.

It is important to document details of any previous reactions to enable differentiation between Type A (side effects) and Type B (hypersensitivity adverse drug reactions) and to determine if Type A reactions are clinically important. Clarification of the type of reaction is important to prevent administration of drugs that may be life threatening while not preventing the use of medications that are therapeutically important.

Cross-reactivity Implications

A history of drug allergy to one pharmacological agent may be associated with increased risk of reactions to medications in the same drug class. Furthermore, patients with a history of true hypersensitivity reactions to one drug are also at higher risk of hypersensitivity reactions to agents from other drug classes. Therefore caution is indicated when initiating any new drug in a patient with a history of any life threatening hypersensitivity.

FURTHER READING

Thien, Francis. CK. (2006). "MJA PRACTICE ESSENTIALS - ALLERGY 3. Drug hypersensitivity"
" Medical Journal of Australia 185(6): 333-8.

Department of Health (2007). Pharmaceutical Review Policy
(<http://www.health.wa.gov.au/circularsnew/attachments/284.pdf>)

Department of Health (2007). Guidelines for the Use of the National Inpatient Medication Chart.
(http://www.safetyandquality.health.wa.gov.au/docs/medication_safety/NIMC_WAGuidelines.pdf)

Department of Health (2006). Correct Patient, Correct Procedure and Correct Site Policy and Guidelines for WA Health Services (http://www.safetyandquality.health.wa.gov.au/clinical_incid_man/correct_psp.cfm)

Australian Commission on Safety and Quality in Health Care (2008). Ensuring Correct Patient, Correct Site, Correct Procedure in Radiology, Nuclear Medicine, Radiation Therapy and Oral Surgery
(http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PatientID-Resources-Exp_Correct-Pat-Site-Proc)

FURTHER INFORMATION

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