Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: **Resident Care**	**SUBJECT:** **Allergic Reactions**	**SECTION:** **A** **POLICY:** **3**
DATE: **September 2004** **REVISION DATES:** **October 2013**	**Administrator:** _____ **Director of Care:** _____	

ALLERGIC REACTIONS

POLICY:

To identify allergic reactions as soon as possible and take appropriate steps to record the reaction, notify the appropriate personnel and follow through until resolved.

PROCEDURE:

- When an allergic reaction is suspected, report it immediately to the Registered Staff. Include a well documented description of the reaction.
- Review all medications to determine if a newly ordered medication may be responsible.
- If a medication is suspected, hold the medication, and notify the Physician to obtain new orders.
- Adrenaline and an EpiPen are kept on site and will be administered by the Registered Staff under the direct orders of the Physician.
- Document the reaction in the following:
    - Enotes
    - Allergy Incident Form
    - Shift Report
    - Multidisciplinary Care Plan
    - MARS
- Place an allergy sticker on the front of the resident's chart and note the allergy in the space provided.
- Continue to report on the reaction until it has been resolved.
- Provide the Pharmacy, Dietary Dept., or other as appropriate with a copy of the Allergy Incident Form.

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ALLERGY INCIDENT FORM

Resident Name:	Date:

Allergic Reaction Suspected – Signs & Symptoms:

Approximate time of onset:

Who discovered the problem:

Suspected Cause:

Doctor Notified: ❒ Yes ❒ No Date: _____

By Whom: _____ Time: _____

Orders Received:

Registered Staff Signature:

If allergic reaction to medication, record on the following:

❒ MARS ❒ Nurses Notes ❒ Care Plan

❒ Allergy Sticker ❒ Shift Report

Follow – Up Information:

Date Resolved:

❒ Pharmacy Notified (if med related) ❒ Dietary Dept Notified (if food related)

Other: