



# Allergies and adverse drug reactions

## Ask the questions

Which drug(s)?, what reaction(s)?, when did it happen?

## Document the information

In medical notes, medication charts, discharge summaries, and adverse drug reaction forms

## Raise awareness

At handover, by using adverse drug reaction stickers and red alert bracelets

**Doctors, nurses and pharmacists – medication safety is your responsibility**

**Adverse Drug Reaction**

ALLERGIES AND ADVERSE DRUG REACTIONS (ADR)  
 Nil known  Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Type/Date	Initials
Cephalexin	swelling of tongue	KF

Print: K Fitzsimons Date: 15/15/2013

UR No: \_\_\_\_\_  
Family name: \_\_\_\_\_  
Given names: \_\_\_\_\_  
Address: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex  M  F  
Patient weight (kg): \_\_\_\_\_  
Height (cm): \_\_\_\_\_

1st Prescriber to print patient name and check label correct: \_\_\_\_\_

**REGULAR MEDICATIONS**

YEAR 20.....  
DOCTORS MUST ENTER administration times

RECOMMENDED ADMINISTRATION TIMES GUIDELINES ONLY  
None (0800) 1800 or 2000