

**SAFETY AND QUALITY
REMINDER OF BEST PRACTICE GUIDANCE**

Subject	Avoidance, recognition and management of anaphylaxis
HSCB reference number	SQR/SAI/2015/002 (AS / MHC)
Programme of care	Acute / Maternity and Child Health

LEARNING SOURCE			
SAI/Early Alert/Adverse incident	✓	Complaint	
Audit or other review		Coroner's inquest	
Other (Please specify)			

SUMMARY OF EVENT
<p>A pregnant woman was prescribed intravenous co-amoxiclav even though the patient was known to have an allergy to penicillin and she was wearing an alert wristband. A midwife questioned the decision to prescribe co-amoxiclav in light of the known allergy, but was instructed to go ahead and administer the co-amoxiclav. The patient developed an anaphylactic reaction which was not immediately recognised. She eventually recovered after several days in ICU.</p> <p>The Trust's investigation report also found that the Trust did not have a protocol for the management of anaphylaxis in the hospital setting.</p>

REQUIREMENTS UNDER CURRENT GUIDANCE
<p>For medical midwifery, nursing, pharmacy and equivalent staff in primary care</p> <ul style="list-style-type: none"> • If you feel that a patient is being put at risk by another member of staff, and you remain concerned after speaking to that staff member, you should contact a more senior member of the team or organisation. • Regarding this specific incident, you should not supply or administer medication to a patient who is known to be allergic to that medication. • You should be prepared to listen to colleagues who question your treatment decisions, and reconsider them, as necessary – to err is human and it may protect you and your patients. <p>For Trust Service Directors responsible for any health care staff involved in prescribing, supplying or administering medication</p> <ul style="list-style-type: none"> • Trusts should have an open organisational culture which emphasizes the safety benefits of teamwork and encourages staff to give and accept respectful challenge, particularly of decisions of more senior staff. Staff should feel able to escalate concerns to a more senior member of staff when necessary.

- Trusts should have a protocol for the management of anaphylaxis in both hospital and community settings, and should ensure that staff have immediate access to the protocol. Suitable algorithms for the management of anaphylaxis are available from many bodies including the UK Resuscitation Council, Royal College of Physicians (London) and the Association of Anaesthetists of Great Britain & Ireland.
- Trusts should ensure that all staff have up-to-date training in the identification and management of anaphylaxis.

ACTION REQUIRED

HSC Trusts should:

1. Share this letter with relevant staff, and discuss it at team meetings/safety briefings;
2. Ensure that you have a protocol for anaphylaxis in both hospital and community settings and that staff have immediate access to the protocol;
3. Ensure that all staff are provided with regular update training in the management and treatment of anaphylaxis.
4. Confirm by **13 April 2015** to alerts.hscb@hscni.net that actions 1 and 2 have been completed and that training under action 3 is available.

Director of Integrated Care, HSCB should:


1. Disseminate this letter to GPs, dentists and community pharmacists.

NIMDTA should:

2. Disseminate this letter to doctors in training in relevant specialties.

RQIA should:

1. Disseminate this letter to relevant Independent Sector Providers.

Date issued	3 February 2015
Signed:	
Issued by	Dr Carolyn Harper Medical Director & Director of Public Health

	To – for Action	Copy		To – for Action	Copy
HSC Trusts			PHA		
CEXs	√		CEX		√
Medical Director		√	Medical Director/Director of Public Health		√
Directors of Nursing		√	Director of Nursing/AHPs		√
Directors of Social Services		√	PHA Duty Room		
Governance Leads		√	AD Health Protection		
Directors of Acute Services		√	AD Service Development/Screening		√
Directors of Community/Elderly Services		√	AD Health Improvement		
Heads of Pharmacy		√	AD Nursing		√
Allied Health Professional Leads		√	AD Allied Health Professionals		√
NIAS			Clinical Director Safety Forum		√
CEX		√	HSCB		
Medical Director		√	CEX		√
RQIA			Director of Integrated Care	√	
CEX	√		Director of Social Services		
Medical Director		√	Director of Commissioning		
Director of Nursing		√	Alerts Office		√
Director for Social Care			Dir PMSI & Corporate Services		√
NIMDTA			Primary Care (through Integrated Care)		
CEX / PG Dean	√		GPs	√	
QUB			Community Pharmacists	√	
Dean of Medical School		√	Dentists	√	
Head of Nursing School		√	Open University		
Head of Social Work School			Head of Nursing Branch		√
Head of Pharmacy School		√	DHSSPS		
Head of Dentistry School		√	CMO office		√
UU			CNO office		√
Head of Nursing School		√	CPO office		√
Head of Social Work School			CSSO office		
Head of Pharmacy School		√	CDO office		√
Head of School of Health Sciences (AHP Lead)		√	Safety, Quality & Standards Office		√
Clinical Education Centre		√	NI Social Care Council		
NIPEC		√	Safeguarding Board NI		
GAIN Office		√	NICE Implementation Facilitator		√
NICPLD			Coroners Service for Northern Ireland		√