Maidstone and Tunbridge Wells NHS Trust

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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to allergic reactions to medications in Hospital.

You asked:
1. Which staff members may administer medication?
2. Are all medication administering staff trained in spotting allergic reactions to the medications they are administering?
3. What is the allergic reaction checklist the administering staff should use to tell if someone is having an allergic reaction?
4. Once a patient suffers an allergic reaction to medication administered in the hospital, how long should the hospital staff take to administer antihistamine, steroids or adrenaline?
5. Do the medication administering staff have access to antihistamines in case of emergency?
6. Are medication administering staff required to administer antihistamines immediately or are they required to wait until a doctor is present regardless of reaction getting worse?
7. How does a hospital know if someone is having an allergic reaction when entering A&E?
8. If there is no allergy testing done in A&E or anywhere else in Tunbridge Wells hospital and only inflammation markers are used, does that mean all allergies are treated as infections instead and treated with antibiotics?
9. What type of medical treatment should be offered to a patient suffering an allergic reaction to penicillin?
10. How long do allergic reactions to penicillin last in patients?
11. When a patient is suffering from itching and burning skin from an allergic reaction to penicillin, what treatment should be offered to the patient?

Trust response:
1. This is covered in the medicines Policy

8.0 Administration of medicines

For the administration of controlled drugs – see Section 9. For the administration of injectable drugs – see Section 10. For administration of intrathecal chemotherapy see 'Safe administration of intrathecal chemotherapy policy and procedure'.

8.1 Introduction to administration

8.1.1 All medicines should be administered in accordance with the relevant health professionals' statutory bodies' guidance. For example, all registered Nurses and Midwives should practice within the Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.

8.1.2 The responsibility for the correct administration of medicines rests with the administering registered healthcare practitioner.

8.2 Authorised personnel for administration

8.2.1 Any health practitioner whose professional body allows them to administer medicines has authorisation to undertake administration.

This is the section which relates to the question asked.
2. Anaphylactic reactions are covered in the Trust basic life support training which is mandatory.
3. There is a difference between an Allergic reaction and Anaphylaxis and it is about severity. Anaphylaxis is a life-threatening reaction and we would follow the national guidance: Anaphylaxis|Resuscitation Council (UK). An allergic reaction can vary from mild to serious and the Resuscitation Council (UK) does not restrict medical practitioners from managing mild reactions in many different ways and using a selection of treatments.
4. Adrenaline should be administered as soon as possible but only in anaphylaxis. This is a type of shock where blood pressure starts to drop and there is possible airway compromise. It is not common.
Antihistamines are the first line treatment for non-anaphylaxis reactions. But this is then not an emergency. This is very common.
5. Yes, iv anti-histamine is on all ward/departmental stock lists as an emergency medicine. Oral is a suitable route for mild allergy.
6. This would depend on the degree of allergic reaction.
Some non-medical staff can administer under patient group direction and some can prescribe these. There should not be a delay in an emergency.
7. This is part of triage training.
The degree of severity of reaction would have different signs. Triage nurses use a National Early Warning 2 (NEWS2) and the Manchester triage system as some of their tools score to stratify the severity of presenting patients.
8. Whilst allergies may elevate some inflammatory markers. The type of white cells that become elevated are often different.
Clinicians look for other signs of infection or allergy before treating them however, sometimes it may be appropriate to treat both allergy/inflammation and infection at the same time. In fact, there are many medicines which have combined anti-inflammatory and antibiotic drugs.
Knowing the allergen does not change the initial management although it does help prevent its reoccurrence.
9. It would depend on the severity of the allergic reaction and the clinical condition of the patient. Generally, in all severe allergic reactions the peri-arrest team would be called and would make a judgement on treatment options. Sometimes reactions can be quite subtle and mild.
10. This depends on the individual patient reaction, it may be several days.
11. The patient would have their penicillin stopped and the antibiotic changed to a different appropriate antibiotic. The allergy would be treated with oral

antihistamine plus a short course of oral steroid if appropriate and depending on the severity of the reaction