

Encounter Form: Allergic Reaction

Institution: _____

Name: _____ CDCR# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief complaint: _____

Date and time of onset: _____

Ingested any of the following in the last 45 minutes:

- Seafood Shellfish Eggs Nuts
- Berries Medications (antibiotics, aspirin, NSAIDs)
- Drug: _____ Dose: _____
- Route: _____ Time ingested: _____

Hx of contact dermatitis or infectious disease in the past 2 weeks No Yes (Describe) _____

Previous history of allergic reaction to a particular food, medication, herb, or injected allergen such as bee, hornet, wasp, or yellow jacket sting.

- Symptoms: Nasal congestion Difficulty breathing
 Difficulty swallowing Chest tightness
 Generalized warmth Tingling of hands, feet, lips
 Rash Pruritus Urticaria Abdominal cramps
 Nausea Vomiting Diarrhea

Describe: _____

Current medications: _____

History of chronic diseases: _____

Allergies: _____

Pain: Scale of 0-10 (0=no pain 10=worst pain) _____

Area of pain: _____

Quality of pain: _____

What makes it better/worse? _____

OBJECTIVE:

- ABCs present
- Vital signs and weight: _____

Time	BP	Pulse	Resp.	O ₂ Sat.	Peak flow

- Assess level of consciousness and responsiveness
- Observe ventilatory effort indicating
 - Difficulty breathing Respiratory distress
 - Congestion Wheezing Shortness of breath

Lung Sounds

Upper Right

Upper Left

- Clear Clear
- Wheezes Wheezes
- Crackles Crackles
- Diminished Diminished

Lower Right

Lower Left

- Clear Clear
- Wheezes Wheezes
- Crackles Crackles
- Diminished Diminished

Skin Assessment: _____

- Diaphoresis Erythema Rash Hives
- Cyanosis

Swelling: Face Tongue

Other: (Describe): _____

ASSESSMENT:

Ineffective breathing pattern related to/evidenced by: _____

Impaired gas exchange related to/evidenced by: _____

PLAN:

- Maintain patent airway. Assist ventilator as indicated.

Assisted ventilation:

Describe: _____

- If medication is suspected to be the cause of the reaction, discontinue medication STAT and notify a physician.**

Physician called (name/time): _____

Physician responded (time): _____

- Orders received by phone from the physician: _____

Local Reaction

- Apply Hydrocortisone 1% cream to affected area PRN, not more than 4 times daily.
- Follow-up in the Registered Nurse (RN) clinic in 3 days if symptoms do not improve

Generalized Non-Life Threatening Reaction

- Maintain patent airway.
- Administer O₂ at 2-6 L per minute via nasal cannula to maintain oxygen saturation \geq 90%.
- Administer Cetirizine 10mg PO X 1 and Ranitidine 150 mg PO X 1.

Signature / Title

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- Observe the patient closely for 2 hours. Notify a physician regarding the patient's status post-treatment. Discharge the patient from treatment only upon the order of a physician.
- If symptoms progress to become life-threatening, implement treatment protocol for generalized life-threatening allergic reaction.

Generalized Life Threatening Reaction

- O₂ at 15 L/minute via face mask. If airway obstruction occurs, assist ventilation using a bag valve mask (Ambu® bag).
- Notify a physician **STAT**.
- Transport to Emergency Treatment Area **STAT**.
- Place on pulse oximeter and monitor oxygen saturation.
- Place on cardiac monitor and monitor cardiac rate and rhythm: _____
- Administer Epinephrine 1:1000 aqueous 0.3 mg SQ. Vigorously massage injection site to increase absorption. May repeat dose every 10 to 15 minutes X 2 PRN.
 - Epinephrine 1:1000 aqueous 0.3mg SQ
Time given: _____
 - Epinephrine 1:1000 aqueous 0.3mg SQ
Time given: _____
 - Epinephrine 1:1000 aqueous 0.3mg SQ
Time given: _____
- Prepare to transfer the patient to an outside facility or admit to a facility capable of providing a higher level of care.
- Insert an intravenous line and infuse Sodium Chloride Intravenous Solution (0.9%). Adjust infusion rate to keep systolic blood pressure > 90 mm Hg. Started at (time): _____ in (location): _____ with (needle): _____ at (rate): _____ to maintain systolic BP > 90mm Hg.
- Administer Diphenhydramine 50 mg IV over 5 minutes (one time only).
- Administer Methylprednisolone Sodium Succinate Injectable 125 mg IV (one time only).
- Monitor and record vital signs every 5 minutes until stable. Thereafter, monitor and record vital signs, oxygen saturation, level of consciousness, and breath sounds every 15 minutes.
- Fax a copy of the relevant progress notes, physician orders, and emergency care flow sheet to the receiving facility.

EDUCATION:

- Assess the patient's potential for understanding the health information to be provided.
 - Provide patient education consistent with the assessment of the condition.
 - Document the education provided and the patient's level of understanding in the health record.
 - Refer the patient to other resources as needed. Document all referrals in the health record.
 - Advise the patient to utilize the urgent/emergent process to access medical care if symptoms recur.
- Patient instructed in: Use of medication
- Other: _____
-
- Resubmit a CDC 7362, Health Care Services Request Form, as needed.
 - Patient Health Care Education Forms given to patient: (specify) _____
 - Education deferred due to patient condition.

DISPOSITION

- Time released: _____
- Condition on release: _____
 - Returned to housing unit
 - Housing reassignment to: _____
 - Referred for follow-up
 - Physician clinic RN clinic
- Referred to higher level of care: (specify) _____
- Watch Commander notified: _____
- Transport team arrived: _____
- Records faxed to facility
 - Ambulance contacted (time): _____
 - Ambulance arrived (time): _____
- Time/Mode of transfer: _____

Signature / Title

Additional Comments _____

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Name of RN protocol(s) used: _____

Signature / Title

1. <u>Disability Code:</u> <input type="checkbox"/> TABE score \leq 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. <u>Accommodation:</u> <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. <u>Effective Communication:</u> <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes
4. <u>Comments:</u> _____		