

**Reference Number:** FOIAH2425/449  
**From:** Other  
**Date:** 12 November 2024  
**Subject:** Allergy Recording in Electronic Patient Records (EPR)

Q1 Trust Name:

A1 [Alder Hey Children's NHS Foundation Trust](#)

Q2 Type of Healthcare Facilities:  
 District General Hospital (DGH)  
 Specialty Hospital  
 Private Hospital  
 Community Hospital  
 Other (Please Specify)

A2 [Specialty Hospital](#)

Q3 Demographic of Hospital Care:  
 Adult Hospital  
 Paediatric Hospital  
 General Hospital (Both paediatric and adult)  
 GP surgery  
 Other (Please Specify)

A3 [Paediatric Hospital](#)

Q4 Respondent's Role in the Trust:

A4 [Not applicable, this was answered by different teams depending on the question.](#)

Q5 Does your Trust use electronic patient records (EPR)?

A5 [Yes](#)

Q6 Which EPR system does your Trust use?

A6 [Meditech EXPANSE](#)

Q7 Does the EPR system used by your Trust include a specific section for recording food, drug, latex, and other allergies?

A7 [Yes](#)

Q8 If yes to question 7, how is the initial allergy information typically entered into the system? (Select all that relevant)

- Manually by Doctor
- Manually by Pharmacist
- Manually by Nurse
- Manually by Dietitian
- Automatically from Previous Records
- Manually by Administrative Staff
- Other (Please Specify)

A8 Manually by Doctor  
Manually by Pharmacist  
Manually by Nurse  
Manually by Dietitian  
Healthcare professional e.g. pharmacy technicians

- Q9 If yes to question 7, who is responsible for updating and/or checking allergy information in the patient's electronic record? (Select all that apply)
- Clinicians (e.g., doctors, nurses)
  - Administrative Staff
  - Pharmacists
  - IT/Technical Support Staff
  - Don't Know
  - Other (Please Specify)

A9 Clinicians (e.g., doctors, nurses)  
Pharmacists

- Q10 How is the allergy information flagged or highlighted in the patient's records to alert healthcare providers?
- Red Flag
  - Pop-up Alert
  - Highlighted Text
  - Other (Please Specify)
  - Not highlighted/ alerted on the system

A10 Patient header, patient widget. If is new allergy, the system tells you the patient has got a new allergen.

- Q11 What training, if any, is provided to staff on the correct recording of allergies in patient records?
- Mandatory Training Sessions
  - Optional Training
  - No Training Provided
  - Other (Please Specify)

A11 Mandatory Training Sessions

- Q12 If training is provided on allergy documentation, does it specifically cover different types of allergies in the training materials?
- Only drug allergy recording
  - Both drug and non-drug allergy recording
  - Drug, food, and other non-drug allergy recording (e.g., latex)
  - Don't know/ Unsure

A12 Both drug and non-drug allergy recording.

Q13 Does your Trust have a Local Guideline or Standard Operating Procedure (SOP) in place covering allergy documentation on the EPR?

A13 Yes

Q14 If yes to Question 13, does this guideline/SOP include documentation for allergens below? (Select all that relevant)

- Drugs
- Food
- Other non-drug substances (e.g. latex)
- Don't know/ Unsure

A14 Drugs and food

Q15 Does your hospital have access to specialist allergy advice for paediatric patients?

A15 Yes, In-house

Q16 Does your hospital have access to specialist allergy advice for adult patients?

A16 Information not held - Alder Hey Children's NHS Foundation Trust is a specialist children's hospital and does not provide treatment for adult patients.

Q17 Does the incident reporting platform have a specific category for recording food or other non-drug allergy incidents?

A17 No

Q18 In the last 10 years, has your Trust recorded any incidents where a patient was administered a food, drug, or other substance (e.g., latex) they were known to be allergic to?

A18 Yes

Q19 If yes to question 18, how many such incidents have been reported in the last 10 years?

A19 11

Q20 If yes to question 18, please indicate the number of incidents for each category:

- Drug allergy incidents
- Food allergy incidents
- Incidents to other allergic substances
- Don't know/ unaware

A20 10 - Drug allergy incidents  
1 - Non-Drug

Q21 Considering the start date of your EPR system, how many years' worth of incident data have you been able to search for this survey? Ideally, up to 10 years. (e.g. 2014 - 2024)

A21 4 years 11 months – 1st January 2020 – 28th November 2024

Q22 For reported DRUG ALLERGY incidents, what are the drugs involved, age group ( $\leq 17$  or  $> 17$  years), and level of harm (no harm, low harm, moderate harm, severe harm or death), listing up to 10 cases prioritized by severity of harm, followed by the most recent incidents?

Please indicate the total cases below if more than 10 cases were reported.

- A22
- Case 1 (co-amoxiclav ,  $> 17$ yo, no harm)
  - Case 2 ( co-amoxiclav,  $< 17$ yo, no harm)
  - Case 3 ((ametop,  $< 17$ yo, low harm)
  - Case 4 (ametop,  $< 17$ yo, low harm)
  - Case 5 (co-amoxiclav,  $< 17$ yo, no harm)
  - Case 6 (gentamicin, unknown, no harm)
  - Case 7 (naseptin, unknown, no harm)
  - Case 8 (piperacillin/tazobactam, unknown, no harm)
  - Case 9 (co-amoxiclav, unknown, no harm)
  - Case 10 (forceval, unknown, no harm)

Q23 For reported FOOD and OTHER NON-DRUG ALLERGY incidents, what are the allergens involved, age (confirm age via clinical record if required), reactions, if serious incident reported and level of harm (no harm, low harm, moderate harm, severe harm or death), listing up to 10 cases prioritized by severity of harm, followed by the most recent incidents?

Please indicate the total cases below if more than 10 cases were reported.

Example: Case 1 (Peanut, 3yo, anaphylaxis, serious incident reported, moderate harm).

A23 Case 1 (latex, unknown, no reaction, no harm)  
Total cases 11

Q24 For FOOD AND OTHER NON-DRUG ALLERGY incidents, how many of the incidents was the allergen clearly documented in patients notes/correspondence prior to the incident? Please insert the number of cases involved in each category. (e.g. 0 - 100)

A24 Non-drug allergies documented correctly, please specify – 1 incident

Q25 For FOOD AND OTHER NON-DRUG ALLERGY incidents, how many of the incidents was the allergen correctly documented on the relevant field in EPR prior to incident (Cerner / Epic / Other)? Please insert the number of cases involved in each category. (e.g. 0 - 100)

A25 Non-drug allergies documented correctly, please specify – 1 incident

Q26 What were the causes identified in the food or other non-drug incidents? (Multiple answers allowed)

A26 Unsure/ Don't know

- Q27 What challenges, if any, does your Trust face in accurately recording and managing allergy information in EPR systems?
- A27 Excipients of drug products are not supported in our system and need to be built manually.  
Quality of allergies recorded.  
Food allergy is documented in the system but the food the patient is having not.
- Q28 What improvements do you suggest could be made at a national level to better manage allergy information in patient records?
- A28 Mandate legally excipient clear listing and force providers to include the information.