Food Allergy Management

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Policy

All patients/consumers with Food Allergies in an inpatient service setting will be identified and the information regarding allergies communicated appropriately.

Purpose

To ensure appropriate and timely management of food allergies

Scope/Audience

Patients with a Food allergy (excludes Food Intolerance/Food Aversion/Food Preference).

Nursing/Midwifery/Dieticians/Food Services/Pharmacists/Medical Practitioners.

Associated documents

- Food Allergy Identification and Documentation Procedures
- CDHB Incident Management Policy Volume 2 Legal and Quality Manual


CDHB Incident Form ref. 1077
Adverse Drug Reaction Report QMR0128
Patient education pamphlets
Facility specific Modified Diet Charts (flip chart)
Medic Alert Application for Membership (New Zealand Medic Alert Foundation Inc.) – available from Pharmacy.
Specific patient management system manual (e.g. PMS Homer manual, SAP system manual)
Management Guidelines for Common Medical Conditions (The Blue Book) Anaphylaxis Management

1 Definitions

1.1 Definition to determine allergy status

Food Allergy - An immune reaction usually from an IgE antibody to a particular food, food component or ingredient, which can occur after eating only a small amount of the food. The most common triggers in children are egg, milk, peanuts, tree-nuts and soy. In adults shellfish, fish, peanuts, tree nuts and sesame. Reactions are usually immediate and frequently life threatening and can include hives, swelling, wheeze and anaphylaxis.

1.2 Definitions to be managed by patient's menu selections (ie not as part of this policy)

The following definitions will be managed by the patient’s menu selection and do not meet the scope of this policy.

Food Intolerance - An adverse reaction to food, which does not involve an immunological mechanism. Reactions are dose related and often delayed, making clear identification of the trigger difficult. Small amounts of the trigger food may be tolerated. Reactions include gut symptoms, headaches and migraines.

Food Aversion - A psychologically based food intolerance, where a conditioned response is elicited by the recognition, appearance, smell or taste of a particular food. Panic attacks are an example of food aversion presenting as anaphylaxis.

Food Preference - Patients preferred ‘likes’ and ‘dislikes’.
2 Roles and responsibilities

2.1 Identification - nursing/midwives responsibilities

- All patients will be ‘screened’ for food allergies (past or present) on admission (or preadmission where possible)
- Refer to the definitions above to confirm the food source is an actual allergy
- Use family/whānau/parent sources when required
- Review the patient management alert/memo system
- Provide patient/consumer education if the food can be confirmed as an intolerance or aversion where possible to avoid the patient using the terminology ‘allergy’

2.2 Communication of food allergy on admission – nursing/midwives responsibility

- Download or document previous memo/alert information to add to patients current clinical record
- Complete orange adverse reaction stickers and place on the patient’s admission form and medication chart and identify allergies on the person’s assessment and or care planning documents. In the Specialist Mental Health Service this information will be documented in the Core Documents Section of the electronic patient record and in the admission note.
- Document/communicate the patient’s diet codes for catering as soon as possible as per procedure – before the patient receives their first meal/beverage.
- Ensure patient is provided with an orange menu list in divisions which use these. Document diet restriction/allergy in the patient’s care plan.
- Identify the patients allergy on the Bedside Modified Diet Charts (flip chart) where used and or on the Patient Communication Board Using the ISBAR format communicate the food allergy status of the patient on transfer to another ward/unit/facility.

3 Dietician referral requirements

Patients with 3 or more food allergies must be referred to the Dietitian. Exception: In the Specialist Mental Health Service any patient with one or more food allergies must be referred to the Dietitian.

4 Documentation and notification requirements for inpatient reactions – nursing/midwives/medical practitioners’ responsibilities

- Nurse/Midwife to notify medical staff of inpatient’s reactions
- CDHB Incident Form ref. 1077 will be used to identify an incident (or near miss)
- Medical staff must assess the allergic reaction and for any life threatening or severe reactions and complete an Adverse Drug Reaction Report QMR0128 (Refer to Adverse Reactions Identification and Documentation CDHB Policy, Volume 12, for further instructions).
- If a paper file is being used the top copy of the Adverse Reaction form will be filed in the front of the patient’s clinical record, the other two copies are sent to pharmacy.
- The Nurse/Midwife is to communicate the new reaction as per 1.2 and ensure any electronic system such as SAP, Homer/Concerto has the alert added.
- For severe reactions Medical staff must discuss the benefits of a Medic Alert (Forms are available from Pharmacy) and/or adrenaline autoinjector with the patient.
- Severe reactions that may be anaphylactic in nature will be referred to Immunology/Rheumatology by the medical team.

5 Prior to discharge
The medical team must communicate the new reaction to the patient’s General Practitioner/facility (e.g. discharge/transfer letter).

Measurement/Evaluation
Adherence to the policy will be measured from incident reviews, Dietitian referrals and from clinical note review on a time frame specified by the dietetic and nursing services.

References
Australian Family Physician “Food Allergy and Intolerance” Vol. 38, No. 9, pp 705 – 707 September 2009
http://www.allergyclinic.co.nz/guides/14.html
Health and Disability Sector Standards NZS 8134:2008

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