Encounter Form: Allergic Reaction

Institution: _____

Name:_____ CDC#_____ 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

Drug: _____ Dose:_____

Route: _____ Time ingested:_____

Hx of contact dermatitis or infectious disease in the past two 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 ❑ pruritis ❑ 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.	O2 Sat.	Peak flow

❑ Assess level of consciousness and responsiveness

❑ Observe ventilatory effort indicating

❑ difficulty breathing ❑ respiratory distress

❑ congestion ❑ wheezing ❑ shortness of breath

Lungs 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 (name/time): _____

Physician Responded (time):_____

❑ Orders received by phone from physician.

_____

Local Reaction

❑ Chlorpheniramine 4mg PO PRN not to exceed 24mg/day X 3 days.

❑ Follow-up in RN clinic in 3 days if symptoms do not improve

Generalized Non-Life Threatening Reaction

❑ Maintain patent airway.

❑ Administer O_2 at 2-6 L per minute via nasal cannula to maintain oxygen saturation ≥ 90%.

❑ Administer Chlorpheniramine 4mg PO PRN not to exceed 24mg/day and

❑ Ranitidine 150 mg P.O. X 1.

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Fill in the blanks and check all that apply

_____
Signature / Title

- ❑ Observe patient closely for 2 hours. Notify physician regarding the patient's status post-treatment. Discharge 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

- ❑ O_2 at 15 L/minute via face mask. If airway obstruction occurs, assist ventilation using a bag valve mask (ambu bag).
- ❑ Notify 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 patient to 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 $\geq$90mm Hg.
- ❑ Administer Diphenhydramine 50 mg IV over five 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 receiving facility

EDUCATION:

- ❑ Assess 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 on the emergency care flow sheet.
- ❑ Refer patient to other resources as needed. Document all referrals on the emergency care flow sheet.
- ❑ Advise patient to utilize the urgent/emergent process to access medical care if symptoms recur.

Patient instructed in: ❑ Use of medication

❑ Other: _____

_____

- ❑ Resubmit Health Care Service Request Form (CDC) 7362) 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 _____

_____

_____

_____

_____

_____

_____

California Correctional Health Care Services

Encounter Form: Allergic Reaction

Institution: _____

Name:_____ CDC#_____ DOB_____ Date/Time _____

Fill in the blanks and check all that apply

_____ _____

Signature / Title

Name of RN protocol used:_____

1. Disability Code:
☐ TABE score ≤ 4.0
☐ DPH ☐ DPV ☐ LD
☐ DPS ☐ DNH
☐ DNS ☐ DDP
☐ Not Applicable

2. Accommodation:
☐ Additional time
☐ Equipment ☐ SLI
☐ Louder ☐ Slower
☐ Basic ☐ Transcribe
☐ Other*

3. Effective Communication:
☐ P/I asked questions
☐ P/I summed information
Please check one:
☐ Not reached* ☐ Reached
*See chrono/notes

4. Comments: