ASSESSMENT

1. When assessing a person presenting with possible drug allergy, take a history and undertake a clinical examination.
2. Use [signs and allergic patterns of suspected drug allergy with timing of onset](https://pathways.nice.org.uk/pathways/drug-allergy#supporting-information-container-supporting-information-signs-and-allergic-patterns-of-suspected-drug-allergy-with-timing-of-onset) as a guide when deciding whether to suspect drug allergy.
3. If patient has had the reaction while being on the drug it is more likely caused by the drug OR the drug is known to cause that reaction OR the person has had a similar reaction to that drug/drug class.
4. BUT if the person has had the reaction while not being on the drug OR the person has gastrointestinal symptoms only. (Look at information and support no.3)

DOCUMENT DRUG ALLERGY

1. Record drug allergy status in their medical records as either drug allergy, none known or unable to ascertain.
2. Record the following information about the drug eg. Drug name, signs and symptoms and date when it occurred.
3. Create prescription that includes the drugs/drug class to avoid to reduce the risk of drug allergy.
4. Confirm drug allergy status with patient or patients family before dispensing, prescribing or administrating any drug.
5. Update patients medical records.

INFORMATION AND SUPPORT

1. Ensure patient or patients family is aware of the drugs or drug classes that they need to avoid.
2. Advise patient to carry information they are given about their drug allergy at all times and to share this whenever they visit a healthcare professional or are prescribed a drug.
3. Explain to people with a suspected allergy to a non-selective [NSAID](https://pathways.nice.org.uk/pathways/drug-allergy/drug-allergy-overview#glossary-nsaid)*non-steroidal anti-inflammatory drug* that in future they need to avoid all non-selective NSAIDs, including over-the-counter preparations

NON SPECIALIST MANAGEMENT

If drug allergy is not confirmed but suspected

1. Advise patient to stop taking suspected drug and to stop using drug for future use.
2. Treat the symptoms of the acute reaction if needed
3. Document details of suspected drug allergy in the persons medical records
4. Provide patient with information
5. Refer patient to a specialist drug allergy service if they have had : a suspected anaphylactic reaction OR a severe non-immediate cutaneous reaction
6. If patient that’s used a NSAID is having reactions such as anaphylaxis, severe angioedema or an asthmatic reaction refer them to a specialist drug allergy service.
7. Update patients medical records