

# Allergy New Features

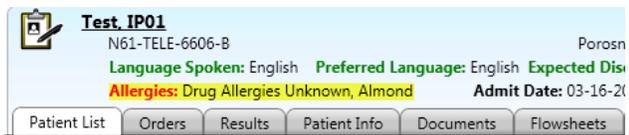
## Drug Allergies UnKnown Allergy Type

The **No Known Drug Allergies** type has been added that auto-displays upon entry of a 'non-drug' allergy type based on the following rules:

- When a 'non-drug' allergy is entered for the patient and the drug allergy is unknown (not able to be obtained from the patient or family member), the status type **Drug Allergies Unknown** is automatically entered.

**Note:** When this status is added, a mandatory reason is required to indicate why drug allergies are not being addressed.

**Example:** If a patient has a non-medication allergy (for example, an allergy to Almonds) and has no known drug allergies, the patient's chart will have two distinct entries --- first, 'allergy to Almonds', and second 'Drug Allergies Unknown'.



**Reminder:** A patient should not typically be assessed with the **Drug Allergies Unknown** status. This is simply a reminder that the drug allergy information has not yet been addressed and will be updated when the information is obtained from the patient or family member.

- When a drug allergy is entered for the patient, the **Drug Allergies Unknown** will become inactive.

## Adding No Known Drug Allergies Status

If a patient has no known drug allergies, you can update the status with **No Known Drug Allergies** to indicate as such.

**To add No Known Drug Allergies status:**

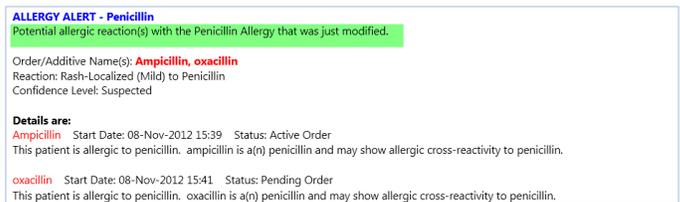
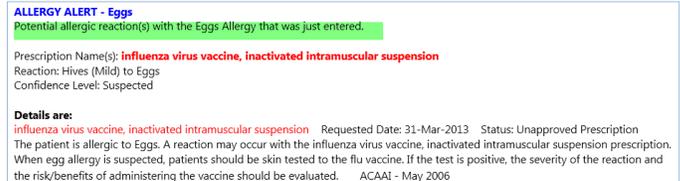
- Select the patient from the Patient List.
- From the main toolbar, click the **Allergies Summary** button.
- From the **Allergies/Intolerances Summary View** dialog, click the **Add NKDA** button.



- Click **Close**.

## Reverse Allergy Checking

When a *new allergy* is added or an *existing allergy* is modified, the **Allergy Alert Rules** will check current orders and prescriptions to determine if the new allergy could cause a potential allergic reaction. If there is a potential for a reaction, an alert will be generated to warn the user entering or modifying the allergy.



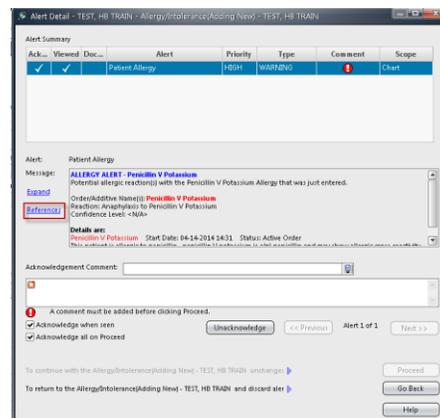
The Allergy Alert Rules will apply the same business rules that the **Reverse Allergy Checking** uses to perform **Reverse Intolerance Checking**.

## Viewing Alert Reference Details

When an action in Healthbridge triggers an alert, the **Alert Detail** dialog window now includes a **References** link enabling you to view the alert reference detail information.

**To view alert reference details:**

- From the **Alert Detail** dialog, click the **References** link.



- View the alert reference details on the **Expanded Alert Message with References** dialog.

Expanded Alert Message with References

Expanded Alert    **References**

**Development:** Drug information provided by Cerner Multum, Inc. Drug information can be customized and configured by local facility.  
**Funding:** Cerner Multum, Inc.  
**Release:** VantageRx Multum Database  
**Revision Date:** 01-15-2014

**Citations:**  
*Note: The following citations are from Cerner Multum, Inc. If your local facility has modified the explanation of the conflict in the alert message, the citations below may or may not apply.*

**Penicillins and Related Drugs Classification**

1. Anderson JA. Cross-sensitivity to cephalosporins in patients allergic to penicillin. *Pediatr Infect Dis* 1986; 5: 557-61.
2. Blanca M, Fernandez J, Miranda A, et al. Cross-reactivity between penicillins and cephalosporins: clinical and immunologic studies. *J Allergy Clin Immunol* 1989; 83: 381-5.
3. Craig TJ, Mende C. Common allergic and allergic-like reactions to medications - When the cure becomes the curse. *Postgrad Med* 1999; 105: 373-81.
4. Erffmeyer JE. Penicillin allergy. *Clin Rev Allergy* 1986; 4: 171-88.
5. Hantson P, de Coninck B, Horn JL, Mahieu P. Immediate hypersensitivity to aztreonam and imipenem. *Br Med J* 1991; 302: 294-5.
6. Kellkar PS, Li JT. Cephalosporin allergy. *N Engl J Med* 2001; 345: 804-9.
7. Koklu S, Yuksel O, Yolcu OF, Ahan M, Altıparmak E. Cholestatic attack due to ampicillin and cross-reactivity to cefuroxime (September). *Ann Pharmacother* 2004; 38: 1539-40.
8. Moss RB, McClelland E, Williams RR, Hilman BC, Rubio T, Adkinson NF. Evaluation of the immunologic cross-reactivity of aztreonam

Need Help?