

**Reference Number:** FOI202425/353  
**From:** Other  
**Date:** 12 November 2024  
**Subject:** Request on Allergy Recording in Electronic Patient Records (EPR)

Q1 Trust Name

A1 [Liverpool heart and Chest Hospital NHS Foundation Trust](#)

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

A2 [Specialty Hospital](#)

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

A3 [Adult 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 [Altera](#)

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 Other - multiple staff

- 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 As per A8

- 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 Red Flag

- 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 Other - on induction

- 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 No

Q14 If yes to Question 13, does this guideline/SOP include documentation for allergens below?

A14 Not applicable – as per A13

Q15 Does your hospital have access to specialist allergy advice for paediatric patients?  
If Yes, please specify if this service available is available through In-House, Local Centre or Regional Centre.

A15 Information not held - Liverpool Heart and Chest Hospital is a specialist adult cardiothoracic centre and does not provide paediatric services.

Q16 Does your hospital have access to specialist allergy advice for adult patients?  
If Yes, please specify if this service available is available through In-House, Local Centre or Regional Centre.

A16 No

Patient Safety Incidents: In this section, we would like to gather some information about patient safety incidents related to allergies in hospital, for example patients who have been administered penicillin antibiotics when they have a penicillin allergy. We would like information on up to 10 cases each for both drug allergy and food or non-drug allergy incidents, prioritised by severity of harm, followed by the most recent incidents.

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

A19 52

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

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

A20 Drug allergy incidents - 36  
Food allergy incidents - 3  
Incidents to other allergic substances - 13 (blood transfusion)

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 2016 - 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 (Penicillin,  $> 17$ yo, no harm)  
Case 2 (Ramipril,  $> 17$ yo, no harm)  
Case 3 (Penicillin,  $> 17$ yo, no harm)  
Case 4 (Prasugrel,  $> 17$ yo, no harm)  
Case 5 (Ceftriaxone, Meropenem,  $> 17$ yo, low harm)  
Case 6 (Penicillin,  $> 17$ yo, low harm)  
Case 7 (Gentamicin,  $> 17$ yo, low harm)  
Case 8 (Chloroprep,  $> 17$ yo, no harm)  
Case 9 (Ramipril,  $> 17$ yo, no harm)  
Case 10 (Penicillin,  $> 17$ yo, no harm)

Total: 36

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.

A23 Case 1 (Dairy, 73yo, vomiting, Not SI reported, low harm)  
Case 2 (Tranfusion reaction, 44yo, cold/hivery, Not SI reported, low harm)  
Case 3 (Tranfusion reaction, 84yo, Itchiness, Not SI reported, no harm)  
Case 4 (Tranfusion reaction, 71yo, rigors/clammy, Not SI reported, no harm)  
Case 5 (Tranfusion reaction, 77yo, hypotensive, Not SI reported, no harm)  
Case 6 (Cows Milk, 60yo, N/A as not given, Not SI reported, no harm)  
Case 7 (Tranfusion reaction, 84yo, o2 requirement increased, Not SI reported, Moderate harm)  
Case 8 (Tranfusion reaction, 81yo, high temp, Not SI reported, no harm)  
Case 9 (Tranfusion reaction, 43yo, high temp, Not SI reported, low harm)  
Case 10 (Tranfusion reaction, 71yo, rash, Not SI reported, no harm)

Total: 16

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)

☐ Food allergies documented correctly, please specify:

☐ Food allergies not documented, please specify:

- ☐ Non-drug allergies documented correctly, please specify:
- ☐ Non-drug allergies not documented, please specify:
- ☐ The food/ non-drug allergens were not previously known

A24 Information not held – the Trust does not routinely collate or hold this information centrally as part of its management or performance data. In order to ascertain the data, the Trust would be required to access personal data of the individuals and as such the data is exempt under Section 40: Personal data.

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)

- ☐ Food allergies documented correctly, please specify:
- ☐ Food allergies not documented, please specify:
- ☐ Non-drug allergies documented correctly, please specify:
- ☐ Non-drug allergies not documented, please specify:
- ☐ The food/ non-drug allergens were not previously known

A25 Information not held – the Trust does not routinely collate or hold this information centrally as part of its management or performance data. In order to ascertain the data, the Trust would be required to access personal data of the individuals and as such the data is exempt under Section 40: Personal data.

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

- ☐ Allergy not recorded in EPR
- ☐ Allergy recorded but not flagged/alerted
- ☐ Staff did not check EPR
- ☐ Incorrect substance administered due to similar names/packaging
- ☐ System error or failure
- ☐ Other (Please Specify)
- ☐ Unsure/ Don't know

A26 Unsure/ Don't know - 16 (not stated in incident description)

Q27 What challenges, if any, does your Trust face in accurately recording and managing allergy information in EPR systems?

A27 The Freedom of Information Act 2000 (FOIA) gives rights of public access to information held by public authorities; this information is not held in recorded format.

Q28 What improvements do you suggest could be made at a national level to better manage allergy information in patient records?

A28 The Freedom of Information Act 2000 (FOIA) gives rights of public access to information held by public authorities; this information is not held in recorded format.