

National Institute for Health and Care Excellence

NICE Quality Standards Consultation – Drug allergy: diagnosis and management

Closing date: 5pm – Monday 13 April 2015

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Please note: comments submitted on the draft quality standard are published on the NICE website.	
Would your organisation like to express an interest in formally supporting this quality standard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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Please provide comments on the draft quality standard on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 1 Introduction). If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor). If your comment relates to the standard as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the NICE website as well as the specific questions detailed within the quality standard.

Please add rows as necessary.

Section	Comments
Quality standard	The quality standard does reflect the key areas for quality improvement but it is unclear why this standard would directly lead to improvement in outcomes relating to exposure to unnecessary broad spectrum antibiotics or antimicrobial resistance rates.
Briefing paper	This document raises issues of great concern that the majority of serious drug reactions are in patients given a drug to which they have previously had an adverse reaction. We agree that inadequate recording of drug allergy information on patient notes, prescriptions, electronic records et al. is a major problem. For simplicity a drug allergy/intolerance 'box' on every prescription, notes, and registration information sheets (where personal details are recorded at beginning of notes) would be an important advance. These 'drug allergy/intolerance boxes' need to be big enough to be seen and need to be duplicated in as many places as possible. The possibility of adding this to the FP10 prescription is an excellent idea [N/B. intolerance in addition to allergy, as some can be serious such as acute intermittent porphyria]. The prominence of the drug allergy/intolerance warning box is also important as these currently are small and easy to miss.
Quality statement 1	One important aspect of taking a history of drug allergy is to keep taking it every time that you see the patient and need to prescribe. This is because patients forget which drugs they are taking and which they are allergic to. It is important to extend in detail the drug history to OTC medicines as NSAIDs are a common cause of drug allergy.
Quality statement 2	In view of the problem of information regarding drug allergies not being effectively recorded and shared, informing the patient not just verbally but in copy letters is essential.
Quality statement 3	In the immediate management of a severe drug reaction with cutaneous manifestations, it should be advised that

Section	Comments
	<p>patients require urgent assessment by a dermatologist. In severe reactions the diagnosis is not always clear, especially in the early stages. There are differential diagnoses such as pustular psoriasis vs AGEP, TEN vs scalded skin syndrome, etc. Dermatologists should give advice on the immediate skin management.</p> <p>How widely available are specialist drug allergy services? Referring to an allergist for subsequent diagnostic tests is of very limited value as there are no reliable diagnostic tests, especially for TEN/SJS. The diagnosis is often made on clinical grounds and histology – lymphocyte transformation tests, etc. remain experimental. Patch testing (again, something within dermatologists' expertise, has a limited role with some drugs and some rashes).</p>
Additional quality statement	<p>The importance of an integrated approach with good communication at all times amongst those involved in the patient pathway is essential. Clear documentation of a person's drug allergy status in their medical record, on prescriptions and in correspondence is essential. Patients should be made aware of the need to avoid drugs in similar groups.</p>
General	<p>Further clarification regarding how use of the structured assessment guide is implemented should be provided.</p>

Closing date: Please forward this electronically by 5pm on **Monday 13 April 2015** at the very latest to QSconsultations@nice.org.uk

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.