_____HOSPITAL

MED ALERT / CLINICAL ALERT NOTIFICATION

Application for adding, removing or modifying a Med Alert. This is **only** for conditions which are of a life-threatening nature and likely to be recurrent.

Please use I.D. label or block print

SURNAME	URN
GIVEN NAMES	
D.O.B.	SEX

Please send the completed form to your Medical Records Department

REQUEST TYPE: ☐ ADD ☐ UPDATE ☐ DELETE **DATE:** /   /

CONDITION (see over):

Clinical Alert type:_____

Please name the condition if not listed:

_____

CLINICAL-ALERT FREE TEXT (200 characters)

_____
_____
_____
_____
_____
_____
_____

APPLICANT

Clinicians Name:_____ Signature:_____

Consultant:_____

Office Use Only

Clinical Alert Request Received   *Date:___/___/____*

☐ *Request Approved*

☐ Not Approved   Requestor Notified: ☐ Yes ☐ No

Name:_____ Signature:_____

Computer Entry

Name:_____ Signature:_____

XY000080

DO NOT WRITE IN BINDING MARGIN

CLINICAL ALERT NOTIFICATION

MR ALERT 2

MED ALERT / CLINICAL ALERT CODES

WEBPAS PREFIX	DESCRIPTION	FREE TEXT INFORMATION TO BE PROVIDED

ANAESTHETIC CATEGORY

A	Difficult Airway	Specify type
A	Anaesthetic Drug Reaction	Specify agent and reaction
A	Malignant Hyperthermia	Date
A	Sleep Apnoea	Only severe sleep apnoea

MEDICATION / DIETARY OR OTHER ALLERGEN REACTION CATEGORY

D	Life Long Anticoagulant	Specify drug. Not related to heart valve replacement
D	Serious Medication or Allergen Reaction	Specify medication or allergen (e.g. latex) and reaction details
D	Angioedema	Specify medication or allergen (e.g. latex)
D	Anaphylaxis	Specify medication or allergen (e.g. latex)
D	Antivenom Given	Name agent given and date
D	Chronic Steroids	Specify condition requiring treatment
D	Clozapine	Review clozapine monitoring system for current status (if still continuing therapy). Contact pharmacy for further information.
D	Bleomycin	Date prescribed and treating oncologist
D	Serious Dietary / Food Reactions	Specify Dietary / Food allergen and reaction

MEDICAL CONDITION CATEGORY

M	Heart Valve Replacement	Specify site and type
M	Implanted Devices	Specify device and site
M	Other Medical Conditions	Specify condition
M	Streptokinase Therapy	Specify site, hospital and date administered
M	Bleeding Disorders	Specify condition
M	Sickle Cell Anaemia	
M	Severe Arrhythmia	
M	Hypopituitary	
M	Addison's (Adrenal Insufficiency)	Specify condition
M	Porphyria	
M	Neurolept Malignant Syndrome	
M	G6PD Deficiency	
M	Thalassaemia Major	
M	Severe Epilepsy	
M	Myaesthenia Gravis	
M	Fabricated Illness	May also include 'Munchausens by Proxy'
M	Difficult Cross(X) Match	Haematology documentation required
M	Organ Transplant	Specify condition, organ transplanted, hospital and date
M	Advance Health Directive	Flag only - Refer to medical record and discuss with patient/carer
M	Asplenia	Document whether hyposplenia, partial or full removal of spleen and immunisation status where available
M	Difficult Intravenous (IV) Access	A patient for whom any of the following is recommended: • PIVC insertion by a specific role or team • PIVC insertion by specific technique such as ultrasound guided • IV access by specific device type other than standard peripheral cannula
M	Laryngectomy	'Neck Breather' OXYGENATE VIA NECK STOMA ONLY, DO NOT OXYGENATE VIA NOSE OR MOUTH

PAEDIATRIC CATEGORY

P	Paediatric GOPC	Paediatric Goals of Patient Care