



Patient Alert Procedure for Dietary/Food Allergens

This procedure supports the application of MP 0053/17 *Patient Alert Policy*.

Only serious life-threatening reactions and potential patient risks are to be documented on the Patient Administration System (PAS).

Mild to moderate side-effects or unknown reactions must not be recorded as a patient alert but documented in the patient's medical record. Examples include:

- Mild diarrhoea, nausea and vomiting, itch, hay fever / blocked nose, local swelling, or pain.
- Non-serious adverse reactions to non-medication allergens (e.g., bee stings, grasses).

Serious dietary/food reactions

A **food allergy** is an abnormal immune mediated reaction to ingested food, resulting in clinical symptoms. Reactions can occur after eating a small amount of food. Food allergy occurs in around 5-10% of children and 2-4% of adults in Australia and New Zealand.

The common allergens in Australia specified by the Australasian Society of Clinical Immunology and Allergy (ASCIA) include egg, fish, lupin, milk, mollusc, crustacea, peanut, sesame seed, soybean, gluten (wheat, barley, oats, or rye) and tree nuts (almond, Brazil nut, cashew, hazelnut, macadamia, pecan, pine nut, pistachio, and walnut). However, almost any food can cause an allergic reaction. Refer to the [Australian Society of Clinical Immunology and Allergy](#) (ASCIA) for further information on common food allergens.

The Plain English Allergen Labelling (PEAL) regulations require food labels to declare if the food or beverage contains any of these common allergens. It is recommended to check the FSANZ website for the most up to date allergen labelling legislation <https://www.foodstandards.gov.au/Pages/default.aspx>.

In addition, all food allergies and food intolerances are to be documented in the electronic allergy platform if available.

A **food intolerance** does not involve the immune system and does not cause severe life-threatening allergic reactions (known as anaphylaxis) and must NOT be listed as a patient alert.

Clinicians completing the patient alert notification form (e.g., [MR ALERT 2 Form](#)) or electronic equivalent) must record the suspected dietary/food allergen and the words 'unconfirmed' or 'confirmed' in the free text field for review by the Clinical Alert Committee.

A 'confirmed' food allergy should have been diagnosed by an immunology or allergy specialist. When an oral food allergy challenge has been completed, the hospital (or HSP for smaller sites) must have a system in place to document de-labelling of a food allergy including removal of a food allergy patient alert.

The table below outlines the dietary/food allergen reactions which are deemed to require a patient alert.

Dietary/food allergen reactions deemed patient alerts



- Anaphylaxis or anaphylactoid reaction
- Swelling of face, lips, eyes, tongue, or throat
- Flushing or hives/welts on the skin
- Tingling mouth
- Severe abdominal pain, severe vomiting, severe diarrhoea
- Difficult / noisy breathing
- Difficulty talking and / or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness and/or collapse
- Pale and floppy (in young children)
- Acute onset of hypotension, severe breathing difficulty, bronchospasm, or upper airway obstruction where anaphylaxis is considered possible.

This document can be made available in alternative formats on request for a person with a disability.

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