

_____ HOSPITAL

SURNAME	URN
GIVEN NAMES	
D.O.B.	SEX

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 send the completed form to your Clinical Coding Department

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

CONDITION (see over):

Clinical Alert code: _____ Condition: _____

Please name the condition if not listed:

CLINICAL-ALERT FREE TEXT (200 characters)

APPLICANT

Clinicians Name: _____ Signature: _____

Unit / Department: _____

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

MR ALERT 2 CLINICAL ALERT NOTIFICATION

MED ALERT / CLINICAL ALERT CODES

ALERT CODE	DESCRIPTION	FREE TEXT INFORMATION
ANAESTHETIC CATEGORY		
A.Other1	Difficult Intubation	Specify type
A02.01	Anaesthetic Drug Reaction	Specify agent and reaction
A02.04	Malignant Hyperthermia	
A03.01	Sleep Apnoea	Only severe or with CPAP
DRUG / DIETARY REACTION CATEGORY		
D.Other1	Life Long Anticoagulant	Specify drug. Not related to heart valve replacement
D.Other3	Serious Drug Reactions	Specify drug and reaction
D02.02	Angioedema	Specify drug
D02.03	Anaphylaxis	Specify drug
D05.01	Antivenom Given	Name agent given
D10.01	Chronic Steroids	Specify condition requiring treatment
D11.01	Clozapine	Review clozapine monitoring system for current status. Contact pharmacy for further information
D.Other10	Serious Dietary/Food Reactions	Specify Dietary/Food allergen and reaction
MEDICAL CONDITION CATEGORY		
M.Other1	Heart Valve Replacements	Specify site and type
M.Other3	Implanted Devices	Specify device and site
M.Other4	Other Medical Conditions	Specify condition
M01.02	Streptokinase Therapy	Specify site, hospital and date administered
M01.03	Bleeding Disorders	Specify condition
M01.04	Sickle Cell Anaemia	
M02.02	Severe Arrhythmia	Specify type of arrhythmia and treatment
M03.07	Hypopituitary	
M03.08	Addison's	
M04.01	Porphyria	
M04.04	Neurolept Malignant Syndrome	
M04.05	G6PD Deficiency	
M04.06	Thalassaemia	
M05.01	Severe Epilepsy	Intractable / Recurrent seizures
M05.02	Myaesthesia Gravis	
M06.01	Fabricated Illness	May also include 'Munchausens by Proxy'
M09.01	Difficult X-Match	Haematology documentation required
M10.06	Organ Transplant	Specify condition, organ transplanted, hospital and date
M11.01	Advance Health Directive	Flag only - Refer to medical record and discuss with patient/carer
M12.01	Asplenia	Document whether hyposplenia, partial or full removal of spleen and immunisation status where available

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