



CAUTION

ALLERGY / INTOLERANCE STATUS

INITIAL ASSESSMENT

A Caution Sheet must be completed for each admission to PHC.
A completed Caution sheet is required prior to dispensing or administering any medication or therapeutic agent by Pharmacy or Nursing.

Date: _____

History Unobtainable

An Allergy / Intolerance Assessment includes:
History Unobtainable **or** Responses to all four areas.

DRUGS <input type="checkbox"/> None	Reaction	Contraindication
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
FOOD* <input type="checkbox"/> None	Reaction	
LATEX	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Contact <input type="checkbox"/> Anaphylaxis
CONTRAST MEDIA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
OTHER:		

Maternity:

- Breastfeeding
- Pregnant

Source of Information:

- Patient / Resident
- Old Chart / transfer form
- Other: _____

* All food allergies MUST be entered into SCM using Diet Order (where SCM Order Entry available)

Faxed

Fax stamp
Time & Date

Printed Name _____ Signature _____ Discipline _____ College ID _____

UPDATES

Complete update below, then write **"See Updated Caution Sheet"** on Prescriber's Orders.
To discontinue an allergy or intolerance, draw a line through the entry, date and initial.

Date	Allergy / Intolerance	Reaction	Contraindication	Signature, Discipline & College ID	Date & Time FAXED
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

If further updates are required, use Caution Sheet Updates Form (PHC-PH397)

Fax to Pharmacy, then place in red sheet protector at the front of the chart.
This form takes precedence for this position over all other forms.

DO NOT REMOVE FROM CHART
Page 1 of _____ pages

