



The Drug Allergy App: Key Strategy To Overcome Barriers To Best Practice

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Abstract

Drug allergies are common. They limit treatment options, can lead to medication errors, suboptimal management and result in increased morbidity, mortality, prolonged hospitalisation and costs. Accurate collection and documentation of drug allergy history is essential to minimise the risk of serious medication errors.

Aims:

- 1) To develop a drug allergy app that will guide drug allergy history taking and documentation and serve as an educational platform that encourages safe medical practice and reinforce best practice.
- 2) The classification generated by the app is based on the NICE clinical guidance [183] on the diagnosis and management of drug allergies.

Objectives:

- 1) To evaluate the accuracy of penicillin allergy history documentation at the Trust and whether current practice is in line with NICE clinical guidance 183.
- 2) To assess prescribers knowledge of penicillin allergy diagnosis and management
- 3) To Identify prescribers views on best practice
- 4) To explore practical aspects of implementing a de-labelling pathway in an NHS hospital

Results and discussion: We found that inappropriate penicillin allergy labelling (In-PenA) is related to many factors, these included: knowledge gaps, lack of training in allergy medicine amongst healthcare professionals and errors in documentation. In-PenA may subsequently increase the risk of multiresistant microorganisms such as Methicillin Resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C diff). The algorithm has the lowest risk for misclassification of outcomes with a high NPV (100%) and sensitivity (100%) with good PPV (95%) and Specificity (96%) on the retrospective validation. It is currently undergoing prospective validation with favourable outcome.

Conclusion: The drug allergy App may revolutionise the prescribers approach to patients with a penicillin allergy label. From our survey of prescribers; there was an obvious tendency to adopt an overcautious approach to prescribing alternative beta-lactams in patients with reported penicillin allergy.

Biography

First degree is Bachelor in Nursing Sciences (BNS) gotten in 2008 and then MPH in 2015, all in University of Buea, Cameroon. Before my masters, I was a clinical nurse, position of General Supervisor in a District Hospital and also headed a Health Centre all in Cameroon. After my Masters I served as Chief Bureau Health and Data Manager in the Ministry of Public Health Cameroon in the Expanded Program of Immunization (EPI) program. At the same time I was research assistant and field monitor at Research Foundation for Tropical Diseases and the Environment (REFOTDE), in Buea and part-time lecturer of Public Health and Biostatistics in Biaka University Institute of Buea (BUIB) all in Cameroon. Then I won scholarship to study Masters in Global Health Security (GHS) at Yonsei University during which I also completed the International Vaccinology Course at the International Vaccine Institute (IVI), Seoul, Republic of Korea. I have contributed significant to the improvement of immunization indicators in Cameroon.

Publications

Central Manchester University Hospitals NHS Foundation Trust

Pneumocystis Jirovecii Pneumonia In A Patient With Untreated Chronic Lymphocytic Leukaemia & Normal CD4 Positive Lymphocyte Count

Line blot immunoassays in idiopathic inflammatory myopathies: retrospective review of diagnostic accuracy and factors predicting true positive results

The British Society for Rheumatology's Choosing Wisely UK recommendations

222 Investigating the sensitivity and specificity of the myositis profile-4 EUROLINE assay.



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