



DATE: .....  
 NAME: .....  
 NURSING COUNCIL ID: .....  
 DESIGNATION: .....  
 WORKPLACE: .....

A PROFESSIONAL  
 DEVELOPMENT ACTIVITY  
 PROUDLY BROUGHT TO  
 YOU BY **NursingReview**

## RRR LEARNING ACTIVITY:

Reading the article and undertaking this *Lethal SCARs: Serious drug allergies and nursing* learning activity is equivalent to 60 minutes of professional development.

This learning activity is relevant to Nursing Council competencies 1.4, 2.2, 2.3, 2.4, 2.6, 2.7, 2.9, 4.1 and 4.3<sup>14</sup>.  
 Discuss all your answers with a peer/s.

### A READING

- 1 Read the 'Medical ID bracelet incident timely med safety reminder' section of the Health Quality & Safety Commission New Zealand's (HQSC) website: [www.hqsc.govt.nz/our-programmes/medication-safety/news-and-events/news/2303](http://www.hqsc.govt.nz/our-programmes/medication-safety/news-and-events/news/2303).
- 2 Reflect on the processes that are normally followed in your workplace if an allergic drug reaction is suspected.
- 3 Are those processes consistent with the recommendations made by HQSC?

### B REFLECTION

- 1 Explore the MedicAlert® website [www.medicalert.co.nz](http://www.medicalert.co.nz)
- 2 Once you are familiar with the contents of the website, reflect on why you should promote this service to patients with drug allergies who are not already registered with MedicAlert®.

### C REALITY

- 1 Identify a patient/client in your service who has drug allergies recorded on their medication chart.
- 2 Ask for their permission to discuss with you their experiences of allergy(s). Explore the symptoms they experienced, health professionals' responses to those symptoms, whether they have any concerns about being prescribed this medication in the future, and what steps (if any) they have taken to minimise this.
- 3 Check their clinical record to confirm that previous allergic reactions have been documented in full (and if not, update the clinical record).

Verification by a colleague of your completion of this activity:

(Signature)

COLLEAGUE NAME: ..... DESIGNATION: ..... DATE: .....  
 NURSING COUNCIL ID: ..... WORK ADDRESS: ..... CONTACT #: .....