



Toowong Private Hospital

Patient I.D. Photo

Patient I.D. Label

**PATIENT ALERTS**

**SOCIAL ALERTS**

**MEDICAL ALERTS**

<b>Violence / Aggression</b>	Date	Initials	<b>Medical Condition</b>	Date	Initials
			<b>Adverse Drug Reactions/ Allergies</b>	Date	Initials
			<b>Substance:</b>		
<b>Absconding / Wandering</b>	Date	Initials	Reaction:		
			<b>Substance:</b>		
			Reaction:		
			<b>Substance:</b>		
			Reaction:		
			<b>Propensity to Falls</b>	Date	Initials
<b>Self Harm / Harmful Activities</b>	Date	Initials			
			<b>OTHER</b>		
			<b>Specify</b>	Date	Initials

The above categories are not exclusive and do not preclude documentation of other alerts based on clinical judgement of relevant risks

**ALERT GUIDELINES (To be read in conjunction with the Patient Alerts Procedure)**

Please record **Social** and **Medical Alerts** which may incur a risk to staff or patient safety. Please print clearly and initial & date all entries.

Alert Status is to be reviewed and updated each patient admission and throughout each episode of care. It is to be identified if the alert is still active or ceased.

Once an alert is documented and is active, measures must be put in place to control or reduce the risk and documented in the plan of care and patient record. If ceased, a diagonal line is to be written across the relevant alert box, dated and initialled, with a notation made in the patient record.

PATIENT ALERTS

MR001

# ALERT GUIDELINES

This legend is to be used as a guide for information that should be documented under an alert category.  
Please Note: the categories below are not exclusive and do not preclude documentation of other alerts based on clinical judgement. These may be included within relevant categories or identified in "OTHER."

MEDICAL ALERTS	SOCIAL ALERTS
<p><b>Adverse Drug Reactions</b></p> <ul style="list-style-type: none"> <li>■ Document generic name</li> <li>■ Specify type of reaction eg. anaphylactic, cutaneous/generalised or symptoms of reaction.</li> <li>■ Date including year of last reaction.</li> <li>■ Sign &amp; date</li> </ul>	<p><b>Violence / Aggression</b></p> <ul style="list-style-type: none"> <li>■ Document relevant details related to behaviours of the patient that are actual or potential risks to staff. Eg. physical/verbal assault.</li> <li>■ Aggressive under influence of drugs or alcohol.</li> <li>■ History of lighting fires - no lighters or matches.</li> <li>■ Sign &amp; date.</li> </ul> <p><i>* Where relevant, document details/factors that influence or precipitated the episode of the above behaviour in the patient record.</i></p>
<p><b>Allergies</b></p> <ul style="list-style-type: none"> <li>■ Specify type of reaction eg. anaphylactic, cutaneous/generalised or symptoms of reaction.</li> <li>■ To include relevant:                             <ul style="list-style-type: none"> <li>■ Food eg. eggs, iodine, nuts, seafood, dairy foods, glutamate/salicylate/amines, colourings/flavourings.</li> <li>■ Topical substances eg. plaster, lotions, metals.</li> <li>■ Any other significant reactions.</li> </ul> </li> <li>■ Sign &amp; date.</li> </ul>	<p><b>Absconding / Wandering</b></p> <ul style="list-style-type: none"> <li>■ Document patient-related behaviour eg. specific stimuli that provokes need to wander/abscond.</li> <li>■ Sign &amp; date.</li> </ul>
<p><b>Falls</b></p> <ul style="list-style-type: none"> <li>■ Patient at risk.</li> <li>■ History of previous falls.</li> </ul> <p><i>*Confirm that fall prevention protocols are in place or are to be initiated in patient record.</i></p>	<p><b>Self Harm / Harmful Activities</b></p> <ul style="list-style-type: none"> <li>■ Document details of self harm behaviours and/or harmful activities eg. fire lighting, damage to property.</li> <li>■ Suicidal, suicidal intent.</li> </ul>
<p><b>Other</b></p> <ul style="list-style-type: none"> <li>■ To include any significant risk identified through clinical judgement eg. unstable medical condition, impulsive non-compliant behaviour.</li> <li>■ ADL that may increase risk eg. impaired swallowing, urinary incontinence.</li> </ul>	<p><b>Environmental / Home Visits</b></p> <ul style="list-style-type: none"> <li>■ Home visiting eg. beware of animals, flatmates, weapons, home environment etc.</li> </ul> <p><b>Mental Health Act</b></p> <ul style="list-style-type: none"> <li>■ Forensic history - note name of case manager.</li> <li>■ History of arson/serious assault.</li> <li>■ Check Mental Health Act status.</li> <li>■ Mental Health Review Tribunal Hearing pending.</li> <li>■ Assessment advice-pending court case.</li> <li>■ History of absconding.</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>■ Document details of type of difficulty eg. speech, hearing, non-english speaking, inability to comprehend.</li> </ul>

**PLEASE NOTE:**

- The same "Alert" may be applicable in more than one category.
- In accordance with the principles of the "Anti-Discrimination Act", it is illegal to write HIV+, Hep B, or Hep C+. Please write, "See Pathology results dated" in Medical Alerts Section.