

BNG: Allergies/Adverse Reactions

Bolded Underlined texts are compulsory fields Circle Response where able

Reminder: Electronic summaries of previous events in BadgerNet-can be found in RCP and 3M.

<u>Full Name</u> <u>NHI</u> <u>Or attach Patient Label</u>	This form must be handed to the Ward Clerk or Receptionist on Completion/Discharge for Data Entry in BadgerNet after the Outage. DO NOT SEND TO CHARTVIEW
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ALLERGIES/ADVERSE REACTIONS	
Date and Time Recorded:	
<u>Identified by (User Name):</u>	

Type:	Allergy / Adverse reaction
Substance Type:	Medication / Non-medication
Medication (Specify):	
Substance (Specify):	
Type of Reaction:	
Severity :	Mild / Moderate / Severe
Source:	
CR008 Completed Clinical Alert Notification / Cancellation	Yes / No / N/A

Type:	Allergy / Adverse reaction
Substance Type:	Medication / Non-medication
Medication (Specify):	
Substance (Specify):	
Type of Reaction:	
Severity :	Mild / Moderate / Severe
Source:	
CR008 Completed Clinical Alert Notification / Cancellation	Yes / No / N/A

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