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.

Full Name **NHI** **Or attach Patient Label**	**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**

ALLERGIES/ADVERSE REACTIONS
Date and Time Recorded:
Identified by (User Name):

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

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

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