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Acute drug allergy after getting medical treatment from a primary care unit: Comment and discussion

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Dear Editor,

The adverse effect of medication is an important concern in medical practice. It is the role of all medical personnel to provide safe medical service to all patients and the prevention of the episode of drug allergy is a focus in hospital accreditation^[1,2]. Here, the authors would like to discuss on the problem of acute drug allergy after getting medical treatment from a primary care unit (due to privacy reason, the name is hereby blinded). Within 1-year study period (2014), there are 2 incidences. One case is the new detected drug allergy to penicillin and the second case is the repeated allergy to cotrimoxazole. Of interest, although the repeated prescription notification is implemented in this center, the incidence can still be detected. In the previous recent report by Wiwanitkit, the repeated prescription of known identified drugs with a history of drug allergy could be seen in 0.19% and the repeated prescription notification could be helpful for detection of the repeated prescription before the actual problem of drug allergy occurred^[1].

However, the occurrence of the problem in this study requires root cause analysis for proper preventive action. The explanation for the first case is simple. It is not possible to detect the first time of drug allergy and there can be no history of drug allergy in this case. For sure, the repeated prescription notification can be useless. For the second case, it is very interesting. In detail, the case is visited to the center and asked for a rapid by-pass service. She had her friend registered for hospital number and was bypassed by the nurse in-charge to visit the physician in

charge. She did not note to the physician that she had history of drug allergy to sulfa antibiotic when the physician in charge asked her and she got prescription with cotrimoxazole. Also, she did not note to the physician that she had history of drug allergy to sulfa antibiotic when the pharmacist in charge asked her. She took the drug and got the acute reaction presenting with burnt lip and returned to the medical center. Of interest, at this time, it was appeared that there is a record of previous drug allergy in her out-patient department card, which was previously registered by her friend and her friend gave the her history of drug allergy already. This can reflect that if there is no patient compliance for prevention and if there is no strict control of hospital registration, the problem can be expected. The bypass system to serve the patient might seem good for satisfying the patient but it can also cause the risk. To have a good clinical practice, the standard management is warranted.

Conflict of interest statement

The authors report no conflict of interest.

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