

POLICY AND PROCEDURE

REACH for Tomorrow

Policy Title: Process for Drug–Drug Interaction Review and Allergy Screening

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

I. Purpose

To ensure client safety by identifying and preventing potential drug–drug, drug–food, and drug–disease interactions, and by verifying and documenting allergies or intolerances before prescribing, administering, or dispensing any medication. This process aligns with CARF Section 2.F Safe Medication Practices and Ohio regulations.

II. Scope

Applies to all prescribers, nurses, and clinical staff involved in prescribing, reconciling, dispensing, or administering medications across REACH for Tomorrow programs.

III. Policy Statement

All prescribed medications must be screened for potential interactions and allergies prior to issuance or administration. All allergy verifications and interaction reviews are documented in the electronic health record (EHR) and reviewed at each clinical encounter involving medication decisions.

IV. Definitions

- Drug–Drug Interaction: Alteration of a drug’s effect caused by another medication.
- Drug–Food Interaction: Change in drug action due to specific food or beverage.
- Drug–Disease Interaction: Adverse effect due to contraindicated medical condition.
- Allergy: Immunologic or hypersensitivity response to a substance.
- Intolerance: Non-allergic adverse reaction (e.g., nausea, headache).

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V. Procedure

A. Allergy Screening

1. Obtain allergy history (drug, food, latex, environmental) at intake.
2. Document allergen, reaction type, severity, and verification source.
3. Verify allergies before every prescription or administration event.
4. Record "NKA" or "NKDA" if no known allergies are present.
5. Update and verify at every client encounter.
6. Flag critical allergies (e.g., anaphylaxis) in the EHR prominently.

B. Drug–Drug, Drug–Food, and Drug–Disease Interaction Review

1. Conduct EHR-based interaction review before prescribing or adjusting any medication.
2. Use verified databases (Lexicomp®, Micromedex®, UpToDate®, Epocrates®).
3. Review required at initiation, dosage adjustment, addition of OTCs/supplements, or transition of care.
4. Document completion of review and findings in the EHR.
5. If alerts are overridden, record clinical justification.
6. Confirm allergy cross-check through CDS or manual verification prior to administration.

C. Roles and Responsibilities

- Prescribers: Complete and document interaction review; verify allergies.
- Nurses/MAs: Confirm and update allergy list at each contact.
- Clinical Staff: Reinforce verification during treatment planning.
- Director of Medical and Clinical Services: Audit compliance and oversee CDS functionality. Review overrides and clinical exceptions.

D. Response to Interactions or Allergies

If a significant interaction or allergy is identified:

1. Evaluate severity and adjust therapy as needed.
2. Document decision and alternative chosen.
3. Report moderate-to-severe interactions to the Medication Management Committee (MMC).
4. Document adverse events per Adverse Event and Medication Error Tracking Policy.

VI. Documentation Requirements

- Record all allergy verification and interaction review in EHR.
- Include rationale for overrides and timestamped confirmation before prescription release.
- Confirm allergy/interaction review prior to each medication administration in MAT or

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residential settings.

VII. Oversight and Quality Assurance

1. Quarterly chart audits of at least 10% of medication records.
2. MMC reviews audit data, trends, and adverse events.
3. Key indicators include % of verified allergy documentation, % of interaction reviews, and % of documented overrides.

VIII. Training Requirements

All prescribing and nursing staff complete annual training on allergy assessment, medication safety, and CDS utilization.