**PATIENT ALERT CARD FOR IMMUNOSUPRESSIVE MEDICATIONS**

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| **NAME:** |  |
| **ADDRESS:** |  |
| **DOB:** |  |
| **GP SURGERY/Dr NAME & TEL no.** | Deansgrange Medical Centre (01) 2892116Dr |
| **CONSULTANT NAME:** |  |
| **PHARMACY NAME & TEL no.** |  |
| **HOSPITAL NAME & TEL no.**  |  |
| **OUT OF HOURS ( EDOC) TEL no.** | 1. 2234500
 |
| **DIAGNOSIS:** |  |
| **IMMUNE-SUPRESSANT MEDICATION NAME:** | 1.2.3. |
| **TALK TO YOUR GP ABOUT VACCINES:**  | Flu, PneumococcalBenefits and Risks of medications |

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| **ALERT to PATIENT** | This patient is currently on IMMUNO SUPPRESSING DRUG TREATMENT. If you feel unwell, or have a fever, sore throat, easy bruising, cough, bleeding, mouth ulcers, shivering see a doctor **urgently** & request an urgent blood test. |
| **ALERT to HEALTH CARE PROFESSIONALS**Consider **NEUTROPENIC SEPSIS**Treat as an EMERGENCY | If the patient has received IMMUNOSUPPRESSANT drug treatment within the past 28 days and has ANY ONE OR MORE of the following:Fevers or hypothermia, Rigors, shaking or chills. Unexplained tachycardia, hypotension or tachypnoea. Any indwelling vascular access device. Feels unwell. **Signs/Symptoms** may be minimal especially if taking corticosteroids) Consider Neutropenic Sepsis Treat as an Emergency |
| **SUSPECTED**: NEUTROPENIC SEPSIS | Admit to hospital & treat **IMMEDIATELY** with broad spectrum intravenous antibiotic. |
| **ACTION:** NEUTROPENIC SEPSIS | Urgent IV antibiotics. Urgent FBC. Temp, pulse, BP, SpO2 Blood cultures (peripherally and from each lumen of VAD)  |
| **Signature Patient:** |  |
| **Signature Doctor:** |  |
| **Date:**  |  |