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Allergic Diseases and Patient Safety: Bridging a Critical Gap in Clinical Care

Farahzade Jabbari Azad

Professor of Allergy and Clinical Immunology, Mashhad University of Medical Sciences, Mashhad, Iran.
E-mail: jabbarifmums.ac.ir

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ABSTRACT

Allergic disorders—ranging from asthma and allergic rhinitis to atopic dermatitis, food allergy, and drug hypersensitivity—affect nearly one-third of the world's population (1,2). Over the past decades, their prevalence has risen steadily, especially in urbanized societies. While the public health and economic implications of these conditions are well known, their significance as a patient safety issue is less frequently emphasized. In daily clinical practice, I have witnessed how allergic reactions, particularly anaphylaxis, can emerge abruptly and turn into life-threatening emergencies. Many such events are avoidable if appropriate preventive strategies are in place (3). Addressing allergies through a patient safety lens is, therefore, both a medical and ethical necessity.

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Introduction

This article aims to draw attention to the link between allergic diseases and patient safety, highlight the main points of vulnerability, and propose practical strategies for incorporating allergy-specific safety measures into routine healthcare.

Discussion

1. Allergic Reactions as Preventable Adverse Events

Drug hypersensitivity remains one of the most common iatrogenic complications that can be avoided. In my experience, lapses in allergy history documentation or insufficient communication among healthcare providers often result in repeated exposure to known allergens (4). A striking example is the unintentional administration of penicillin to patients with clearly documented allergies—a scenario that still occurs in busy clinical environments.

2. Food Allergy Risks in Healthcare Settings

Patients with food allergies face an ongoing risk of accidental exposure while hospitalized. This may occur due to cross-contamination in hospital kitchens, inadequate food labeling, or simple unawareness among staff. For children and the elderly, such oversights can be particularly dangerous. These incidents, however, are entirely preventable with well-enforced safety protocols.

3. Missed or Delayed Diagnosis and Its Consequences

Underdiagnosis or late diagnosis of allergic diseases—whether asthma, eosinophilic esophagitis, or occupational allergy—can lead to chronic morbidity and repeated emergency visits (5). In poorly controlled asthma, for instance, neglecting to address environmental triggers or failing to teach proper inhaler technique often results in exacerbations that could have been avoided.

4. Integrating Allergy Management into Patient Safety Frameworks

To reduce avoidable harm, healthcare systems should:

- Ensure accurate allergy documentation in electronic medical records with clear, visible alerts.
- Provide regular training for staff on recognition and emergency treatment of anaphylaxis, including simulation exercises.
- Implement strict allergen control in hospital food services and maintain clear labeling practices.
- Educate patients and caregivers on allergen avoidance, correct use of epinephrine auto-injectors, and personalized action plans.

Conclusion

Allergic diseases are not only a clinical concern but also a matter of patient safety. Embedding allergy-related precautions into institutional safety policies can prevent serious adverse events, improve patient outcomes, and foster trust in healthcare services. As clinicians, we must remain vigilant—not only in diagnosing and treating allergic conditions but also in anticipating and preventing avoidable risks.

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