

**ADVERSE DRUG REACTION REPORTING FORM  
BON SECOURS RICHMOND HEALTH SYSTEM & CLINICS**

**Nursing personnel please complete ALL shaded areas, sign, and return to care center pharmacist or inpatient pharmacy department.**

**Clinic or Hospital Name:** MRMC, RCH, SFMC, SMH, or \_\_\_\_\_  
**Patient:** \_\_\_\_\_ **MR #:** \_\_\_\_\_ **Room:** \_\_\_\_\_  
**Admission Date:** \_\_\_\_\_ **Discharge Date:** \_\_\_\_\_

**Previously Known Allergies & Reactions:** \_\_\_\_\_  
 \_\_\_\_\_  
**PMH:** \_\_\_\_\_  
 \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ (Inches) **Weight:** \_\_\_\_\_ (kg)

**Did event occur prior to admission?:** Yes No

Suspected Drug(s)	Dose	Frequency	Route
_____	_____	_____	_____
_____	_____	_____	_____

**New Onset Allergy:** \_\_\_\_\_ **Added allergy to patient factors and** \_\_\_\_\_ **pharmacy notified via chart order.**  
**AFHS Classification:** \_\_\_\_\_ **Manufacturer/Lot #:** \_\_\_\_\_

**Date of Reaction:** \_\_\_\_\_

**Description of reaction (describe in detail):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Concomitant Medications:** \_\_\_\_\_  
 \_\_\_\_\_

**Management of Reaction (describe in detail, include meds and other treatments):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Outcome (circle one & give a detailed description):** Complete Recovery, Permanent Disability, Expired  
 \_\_\_\_\_  
 \_\_\_\_\_

**Pertinent Laboratory Data:**

Date											
Lab											
Lab											
Lab											

**Prescribing Physician:** \_\_\_\_\_  
**Report completed by:** \_\_\_\_\_ **Nurse, MD, Pharmacist, Other** \_\_\_\_\_

**Pharmacists please review and complete form. Review chart as necessary.**

\*\*\*\*\* **BELOW IS FOR PHARMACY USE ONLY** \*\*\*\*\*

**Causality:** Definite Probable Possible Doubtful  
**Severity:** Mild Moderate Severe

**Reported to FDA:** Y N **Preventable:** Y N **Dose Related:** Y N

**Definition of ADR:** any undesirable, unexpected, or excessive response to a drug at normal\* doses that requires discontinuing the drug, modifying the dose, prolonging or causing hospitalization, providing supportive treatment, or results in temporary or permanent harm, disability, or death. \*Doses normally used in man for prophylaxis, diagnosis, or therapy of disease, or for the modification of physiological function.

## Severity of Reaction

- Mild:** Requires alteration of drug therapy (examples include discontinuing a drug or altering dose)  
**Moderate:** Requires therapeutic intervention with additional drug therapy and/or prolonged hospitalization.  
**Severe:** A potentially life threatening reaction or a reaction that contributes to permanent disability or death  
\*\*\*\*\*

## Preventable

Answering "yes" to one or more of the following questions suggests that the ADR in question may have been preventable.

1. Was the drug involved in the ADR considered inappropriate for the patient's clinical condition?
2. Was the dosage, route, or frequency of administration inappropriate for the patient's age, weight, or disease state?
3. Was required therapeutic drug monitoring or other necessary laboratory tests not performed?
4. Was there a history of allergy or previous reactions to the drug?
5. Was a drug-interaction involved in the reaction?
6. Was a toxic serum drug level documented?
7. Was poor compliance involved in the reaction?

5/28/2004

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