

ADR Number (office use only) _____

ADR REPORTING FORM

NAME _____

DATE OF REACTION _____

MPI # _____

ATTENDING MD _____

UNIT _____

NAME OF SUSPECTED MED: _____

DOSAGE REGIMEN: _____

THERAPEUTIC CLASS: _____

DATE OF FIRST DOSE: _____

KNOWN DRUG ALLERGIES: _____

TYPE OF REACTION (Circle all that apply):

- | | |
|--|--|
| 1. rash | 6. hypersalivation |
| 2. fever | 7. vital sign changes (describe) _____ |
| 3. diarrhea | 8. abnormal lab (describe) _____ |
| 4. GI/ nausea/vomiting | 9. blood dyscrasia (type) _____ |
| 5. constipation | 10. EPS (pseudoparkinsonism/acute dystonia/akathisia/TD) _____ |
| 11. Metabolic syndrome (describe) _____ | |
| 12. Neurological changes (describe) _____ | |
| 13. Mental status changes (describe) _____ | |
| 14. Fall (describe) _____ | |
| 15. Other _____ | |

ADR MANAGEMENT (Check all that apply):

_____ **Medications were needed to treat ADR**
specify _____

_____ **Other actions needed to resolve ADR**
describe _____

_____ ADR required an ED evaluation

_____ ADR required an acute care hospital stay

_____ ADR resulted in temporary/permanent disability explain _____

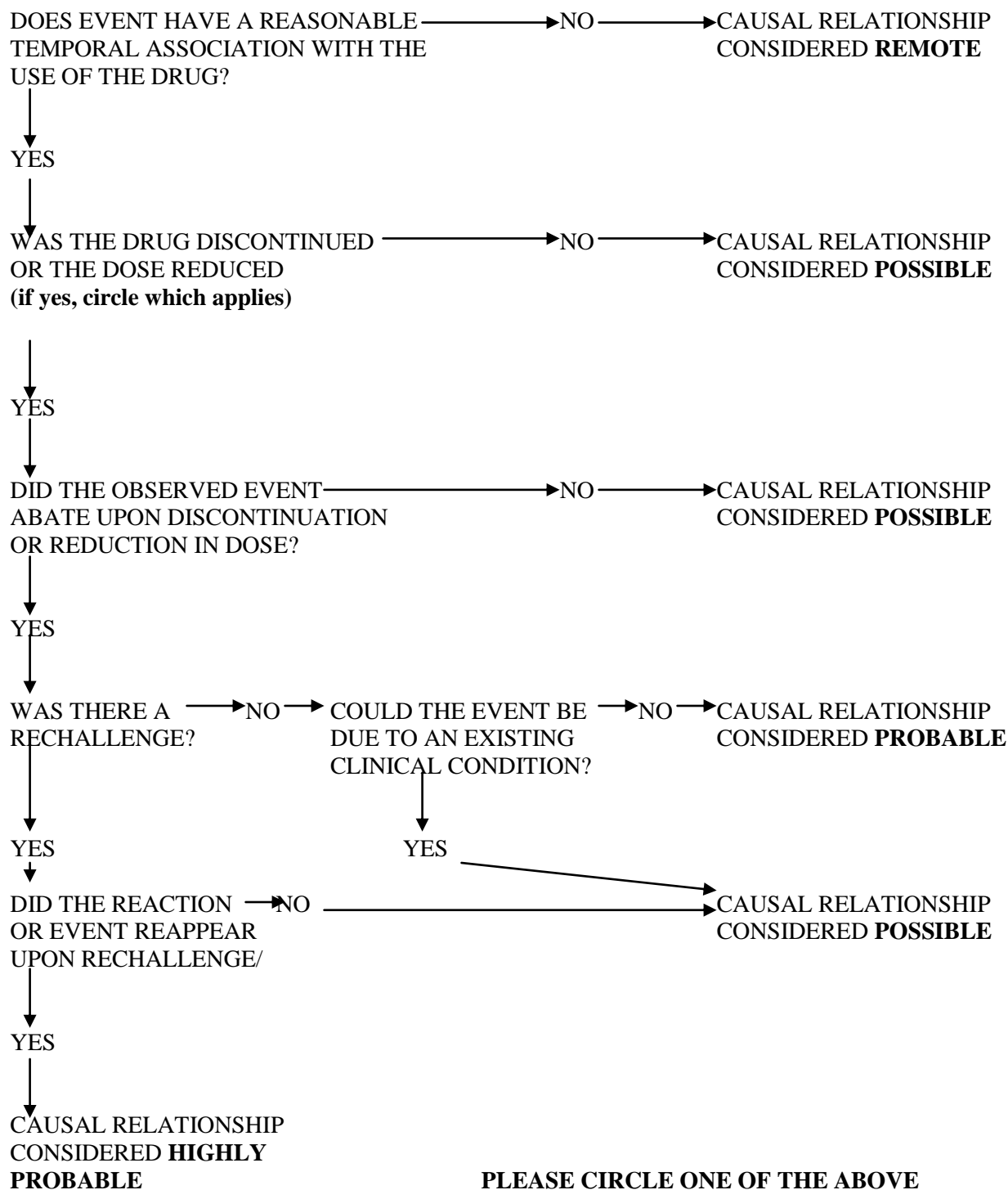
OTHER COMMENTS _____

SEVERITY LEVEL (Check one)

- ☐ LEVEL 1 Reaction resulted in the need for increased patient monitoring or observation but no other treatment or intervention was required.
- ☐ LEVEL 2 Reaction resulted in the need for discontinuation of the medication or the treatment with another medication and/or intervention(s) in addition to monitoring,
- ☐ LEVEL 3 Reaction resulted in the need for evaluation/treatment in a hospital emergency room or different level of care.
- ☐ LEVEL 4 Reaction resulted in the need for acute care hospital admission but was not life threatening and resulted in no permanent patient harm.
- ☐ LEVEL 5 Reaction was life threatening or resulted in permanent patient harm.
- ☐ LEVEL 6 Reaction resulted in patient death.

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ADVERSE DRUG REACTION PROBABILITY ALGORITHM



FURTHER FOLLOW UP NEEDED? ____ YES
DESCRIBE:

____ NO

WAS INTENSIVE CASE ANALYSIS DONE? ____ YES

____ NO