

REPORT OF SUSPECTED  
ADVERSE DRUG REACTION

AN ADVERSE DRUG REACTION IS ANY ADVERSE EVENT ASSOCIATED WITH THE USE OF A DRUG IN HUMANS INCLUDING ANY SIDE EFFECT, INJURY, TOXICITY, SENSITIVITY REACTION OR SIGNIFICANT FAILURE OF EXPECTED PHARMACOLOGICAL ACTION, OR MORE SIMPLY, AN UNTOWARD NOXIOUS REACTION TO A DRUG THAT HAS BEEN APPROPRIATELY USED.

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THIS SECTION FOR NURSE USE ONLY

WHEN AN ADVERSE DRUG REACTION IS SUSPECTED:

1. NOTIFY THE PRESCRIBING PHYSICIAN OF THE SUSPECTED REACTION.
2. COMPLETE UPPER PORTION OF THIS REPORT.
3. NOTIFY PHARMACIST BY TELEPHONE.
4. PHYSICIAN WILL COMPLETE FORM.
5. COMPLETED FORM WILL BE RETAINED IN PHARMACY.

DATE OF REACTION: \_\_\_\_\_ TIME: \_\_\_\_\_ AM / PM

NAME OF PHYSICIAN NOTIFIED: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM / PM

DESCRIPTION OF REACTION (TYPE AND SEVERITY — SEE OVER FOR GUIDE):

\_\_\_\_\_  
\_\_\_\_\_

SUSPECTED DRUG(S) (INCLUDE LOT # AND MANUFACTURER IF KNOWN):

\_\_\_\_\_

PERSON REPORT (TITLE): \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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THIS SECTION FOR PHYSICIAN USE ONLY

IMPRESSIONS AND COMMENTS: INCLUDE STEPS TAKEN IN THE MANAGEMENT OF THE REACTION (TREATMENT, IF APPLICABLE) AND OUTCOME.

\_\_\_\_\_  
\_\_\_\_\_

ARE THE CLINICAL SYMPTOMS AND TREATMENT (IF APPLICABLE) DOCUMENTED  
IN THE PATIENT'S CHART? YES \_\_\_\_\_ NO \_\_\_\_\_

ATTENDING PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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THIS SECTION FOR PHARMACY USE ONLY

ACTION: (CHECK) — DISCUSSED WITH MD \_\_\_\_\_ REPORTED TO MED. DIR. \_\_\_\_\_  
REPORTED TO FDA \_\_\_\_\_ REPORTED TO QA COMM. \_\_\_\_\_  
REPORTED TO MFGR. \_\_\_\_\_

INVESTIGATING PHARMACIST'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_