ADR Number (office use only) __________

**ADR REPORTING FORM**

<table>
<thead>
<tr>
<th>NAME ____________________________</th>
<th>DATE OF REACTION __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPI # ___________________________</td>
<td>MPI # ___________________________</td>
</tr>
<tr>
<td>UNIT ____________________________</td>
<td>UNIT ____________________________</td>
</tr>
</tbody>
</table>

**NAME OF SUSPECTED MED:** __________________

**DATE OF FIRST DOSE:** ________________

**THERAPEUTIC CLASS:** __________________

**DOSAGE REGIMEN:** ____________________

**KNOWN DRUG ALLERGIES:** ______________________________________________________

**TYPE OF REACTION** (Circle all that apply):

1. rash
2. fever
3. diarrhea
4. GI/nausea/vomiting
5. constipation
6. hypersalivation
7. vital sign changes (describe) ________________________________
8. abnormal lab (describe) ______________________________________
9. blood dyscrasia (type) ________________________________________
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.

050707, revised 092209, 111609, 040711, reviewed 012518
ADVERSE DRUG REACTION PROBABILITY ALGORITHM

DOES EVENT HAVE A REASONABLE TEMPORAL ASSOCIATION WITH THE USE OF THE DRUG?

YES

WAS THE DRUG DISCONTINUED OR THE DOSE REDUCED (if yes, circle which applies)

YES

DIID THE OBSERVED EVENT ABATE UPON DISCONTINUATION OR REDUCTION IN DOSE?

YES

WAS THERE A RECHALLENGE?

NO

COULD THE EVENT BE DUE TO AN EXISTING CLINICAL CONDITION?

NO

CAUSAL RELATIONSHIP CONSIDERED PROBABLE

YES

DID THE REACTION OR EVENT REAPPEAR UPON RECHALLENGE/

YES

CAUSAL RELATIONSHIP CONSIDERED HIGHLY PROBABLE

PLEASE CIRCLE ONE OF THE ABOVE

FURTHER FOLLOW UP NEEDED? YES NO

DESCRIBE:

WAS INTENSIVE CASE ANALYSIS DONE? YES NO