

Ventura County Health Care Agency
ADVERSE DRUG REACTION (ADR) REPORT FORM

Patient Name:	Age:	Sex:	Location:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	
Diagnosis:			MRN/FIN #:		
Date of ADR Reported:		Suspected Drug(s):			
ADR Type: <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Dermatologic <input type="checkbox"/> CNS/Nervous System <input type="checkbox"/> Hematological <input type="checkbox"/> Respiratory <input type="checkbox"/> Hepatic <input type="checkbox"/> Renal <input type="checkbox"/> Blood Loss <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Other:	Adverse Effect(s) Observed:				
	<input type="checkbox"/> ADR secondary to medication reconciliation not performed?				
	List Antidote or Supportive Medications Used:				
Abnormal Lab Data:					
ADR: An undesired drug effect which is unexpected, unintended, or excessive with consequences as described below <i>(check appropriate box):</i> <input type="checkbox"/> SEVERE: Caused death or was life threatening. <input type="checkbox"/> SIGNIFICANT: Caused or contributed to hospitalization, or prolonged length of stay (LOS) by 1 day or more. <input type="checkbox"/> MODERATE: Did not prolong LOS, but required antidote and/or discontinuation of suspected drug(s). <input type="checkbox"/> MILD: Required no antidote or drug discontinuation; drug dosage may have been reduced.					
<input type="checkbox"/> Check if ADR was PREVENTABLE					
Management of the ADR <i>(check all that apply):</i> <input type="checkbox"/> No Action Taken <input type="checkbox"/> Drug(s) Discontinued <input type="checkbox"/> Supportive Treatment <input type="checkbox"/> Antidote/Antagonist Used <input type="checkbox"/> Other: _____					
Explain Treatment: _____ Appropriately Managed? <input type="checkbox"/> Yes <input type="checkbox"/> No Outcome <i>(check one):</i> <input type="checkbox"/> Death <input type="checkbox"/> Life Threatening <input type="checkbox"/> Hospitalization <i>(admission/prolongation)</i> <input type="checkbox"/> Disability/Permanent Damage <input type="checkbox"/> Required Intervention to Prevent Permanent Impairment/Damage <input type="checkbox"/> No harm/Discharged to home					
Probability Assessment: Naranjo Algorithm			Yes	No	Unk
Are there previous conclusive reports of this reaction?			+1	0	0
Did the ADR appear after the suspected drug(s) was administered?			+2	-1	0
Did the ADR effects improve following discontinuation of the suspected drug(s) or administration of antidote?			+1	0	0
Are there alternative explanations for the ADR effect other than the suspected drug(s)?			-1	+2	0
Did the reaction reappear with administration of a placebo?			-1	+1	0
Was the suspected drug(s) found in the blood in concentrations known to be toxic?			+1	0	0
Was the reaction more severe with increased dosage or less severe with lower dosage?			+1	0	0
Did the patient experience a similar reaction with the same or similar drug in any previous exposure?			+1	0	0
Was the ADR confirmed by an objective evidence?			+1	0	0
Did the ADR reappear upon re-challenge of the suspected drug?			+2	-1	0
<i>Naranjo, CA, et al. Clin. Pharmacol Therapeutics 1981; 30: 239-245</i>					
<input type="checkbox"/> ≥ 9: Highly Probable		<input type="checkbox"/> 5 to 8: Probable		<input type="checkbox"/> 1 to 4: Possible	
<input type="checkbox"/> ≤ 1: Doubtful					

Person Reporting: _____ Date: _____

Reported to P&T Date: _____ **Forward upon completion to Pharmacy**

THIS IS NOT A PERMANENT PART OF THE MEDICAL RECORD – DO NOT SCAN