OKLAHOMA DEPARTMENT OF CORRECTIONS
Suspected Adverse Drug Reaction (ADR) Reporting Form

INSTRUCTIONS: Please PRINT all requested information. Privileged and confidential: All information provided on this form, including any appended materials, is furnished as a report, is privileged and confidential, and is protected by 63 O.S. § 1-1709. This report is to be used solely in the course of internal control for the purposes of reducing morbidity and mortality and improving the quality of inmate care. ***Monitor and treat the inmate and report the suspected adverse drug reaction to the medical provider immediately upon discovery. Document the suspected adverse drug reaction in the inmate's medical record if confirmed by the medical provider.***

Facility: _____ **Date/Time of ADR:** _____

Location of Occurrence: _____ **Drug(s) Involved:**_____

Inmate Name:_____ **ODOC #:** _____

Stated Drug Allergies: _____

Provider Notified: ϒ Yes ϒ No **Facility CHSA Notified:** ϒ Yes ϒ No

Inmate Notified: ϒ Yes ϒ No **Pharmacy Notified:** ϒ Yes ϒ No

Suspected Drug Discontinued: ϒ Yes ϒ No **Medical Provider Confirmed ADR Charted**: ϒ Yes ϒ No

Definition

An Adverse Drug Reaction (ADR) is defined as a detrimental response to a medication that is undesired, unintended, and unexpected in doses recognized in accepted medical practice.

Brief Description of Adverse Drug Reaction:

_____

_____

Category of ADR

Fill in Error Category _____

A - *Mild ADR*: A reaction that is self-limiting and requires no treatment
B - *Moderate ADR*: A reaction that requires treatment and possible hospitalization
C - *Severe ADR*: A reaction that (1) is life-threatening or contributes to the death of an inmate; (2) is permanently disabling; (3) requires intensive medical care; or (4) takes longer than 15 days for recovery to occur

Type of Adverse Drug Reaction: (Check all that apply)

Allergic
ϒ Anaphylaxis
ϒ Fever
ϒ Angioedema
ϒ Urticaria

Cardiovascular
ϒ Angina
ϒ Hypertension
ϒ Hypotension
ϒ Tachycardia
ϒ Bradycardia
ϒ Syncope
ϒ Dysrhythmias
ϒ QTc prolongation
ϒ Asystole

ENT
ϒ Hearing loss
ϒ Tinnitus
ϒ Visual disturbance
ϒ Swallowing difficulty

Gastrointestinal
ϒ Diarrhea
ϒ Constipation
ϒ Nausea
ϒ Vomiting
ϒ Ulceration/bleeding
ϒ Gastritis

Hepatic/Renal
ϒ Elevated liver enzymes
ϒ PT/INR (↑ or ↓)
ϒ BUN/creatinine

Metabolic Balance
ϒ Hypokalemia
ϒ Hyperkalemia
ϒ Hypoglycemia
ϒ Hyperglycemia

Neurologic
ϒ Headache
ϒ Seizures
ϒ Vertigo
ϒ Somnolence
ϒ Dyskinesia
ϒ EPS
ϒ Rigors/chills

Respiratory
ϒ Wheezing
ϒ Respirations (↑ or ↓)
ϒ Cough
ϒ Bronchospasm
ϒ Respiratory distress

Psychiatric
ϒ Depression
ϒ Confusion
ϒ Hallucinations
ϒ Psychosis
ϒ Agitation
ϒ Combative

Skin
ϒ Pruritus
ϒ Rash edema phlebitis
ϒ Flushing
ϒ Red man syndrome
ϒ Sweating

Hematologic
ϒ Bleeding
ϒ Thrombocytopenia
ϒ Leukopenia
ϒ Thrombosis

Other (describe)

_____

_____

_____

Review and Signature of facility CHSA: _____ **Date:** _____

Please FAX completed report to the chief Medical Officer at 405/425-2911 within 72 hours of discovery.

DO NOT PLACE IN MEDICAL RECORD!

Office of Medical Services Follow-up: ϒ Report forwarded to FDA ϒ P&T Committee ϒ PI Council

Drug Reaction Relationship: ϒ Certain ϒ Probable ϒ Possible ϒ Unlikely