

THE ROYAL CHILDREN'S HOSPITAL ADVERSE DRUG REACTION REPORT



To be used for any response to a drug that is undesired, unintended or unexpected in doses recognised in accepted medical practice.

Ward: Weight: Height:.....
D.O.B.: Sex: UR No.:.....
Unit: Consultant:
Patient's diagnosis:.....
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.....

Affix patient's I.D. sticker here

Date of reaction:/...../.....

Description of Adverse Drug Reaction: (including lab results, drug serum levels, etc., when appropriate)

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Suspected drug: Date started:...../...../.....

Dose, frequency, route: Date ceased:/...../.....

Action taken (e.g. when drug ceased, dose reduced, treatment prescribed):

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Outcome: Recovered Date of recovery:/...../.....

Not yet recovered Unknown Fatal Date of death:/...../.....

Sequelae: No Yes (describe).....

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.....

Did reaction contribute to hospital admission? Yes No

PLEASE FILL IN FURTHER DETAILS CONCERNING THE REACTION OVER THE PAGE

Other drugs being taken when reaction occurred:

DRUG	DOSE	FREQUENCY	ROUTE	DATE STARTED	DATE CEASED

Additional notes or comments (e.g. previous exposure to drug, rechallenge of suspected drug, consultant referral details):

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Name of Person Reporting:..... Ext/page:.....

Date:...../...../..... Dept/Ward of reporter:

Signature of Medical Practitioner:.....Name of Medical Practitioner:.....

Provider Number of Medical Practitioner:.....

Pharmacy/Emergency use only:

Spontaneous report or Via E-code

Alert card issued Yes No /...../.....

Letter sent /...../.....

Entered on computer /...../.....

Sent to ADRAC /...../.....

Recommendations on alert card:

* No further action required /...../.....

* Interim Card Issued /...../.....

* Final Card Issued /...../.....

* Post Allergy - Card /...../.....

- Destroy Letter /...../.....

* Other action required: