

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



INSTRUCTIONS: Please PRINT all requested information. Privileged and Confidential: All information provide on this form, including any appended materials, is furnished as a report, is Privileged and Confidential, and is protected by O.S. Title 63, 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: _____ DOC #: _____

Stated Drug Allergies: _____

Provider Notified: Yes No

Facility CHSA Notified: Yes No

Inmate Notified: Yes No

Pharmacy Notified: Yes No

Suspected Drug Discontinued: Yes No

Medical Provider Confirmed ADR Charted: Yes 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 a 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

- Anaphylaxis
- Fever
- Angioedema
- Urticaria

ENT

- Hearing loss
- Tinnitus
- Visual disturbance
- Swallowing difficulty

Metabolic Balance

- Hypokalemia
- Hyperkalemia
- Hypoglycemia
- Hyperglycemia

Respiratory

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

Skin

- Pruritus
- Rash edema phlebitis
- Flushing
- Red man syndrome
- Sweating

Cardiovascular

- Angina
- Hypertension
- Hypotension
- Tachycardia
- Bradycardia
- Syncope
- Dysrhythmias
- QTc prolongation
- Asystole

Gastrointestinal

- Diarrhea
- Constipation
- Nausea
- Vomiting
- Ulceration/bleeding
- Gastritis

Neurologic

- Headache
- Seizures
- Vertigo
- Somnolence
- Dyskinesia
- EPS
- Rigors/chills

Psychiatric

- Depression
- Confusion
- Hallucinations
- Psychosis
- Agitation
- Combative

Hematologic

- Bleeding
- Thrombocytopenia
- Leukopenia
- Thrombosis

Other (describe)

Review and Signature of facility CHSA: _____

Please **FAX** completed report to the Director of Pharmacy Services at **405/962-6147** within 72 hours of discovery.

DO NOT PLACE IN MEDICAL RECORD!

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

Drug Reaction Relationship: Certain Probable Possible Unlikely