



Adverse Drug Event Report Form

CONFIDENTIAL Do not duplicate – Not part of the medical record

Fill in the form and send to the chief pharmacist in a sealed envelope

Instructions for ADE Reporting

- Adverse Drug Events (ADE) include:**
 - **A Medication Error (ME):** preventable errors arising from prescribing, dispensing, administering, and monitoring of drugs.
 - **An Adverse Drug Reaction (ADR):** clinical manifestations that are undesired, unintended, or unexpected caused by the administration of drugs or IV fluids.
- ADE are identified by physicians, nurses, pharmacists or other Medical Center (MC) professional personnel
- ADE forms should be filled in by MC professional staff depending on the nature of the ADE, or who identifies the ADE. In general:
 - **Physicians:** report deviation from accepted prescribing; drug reactions.
 - **Nurses:** report deviation from accepted procedures of floor storage, transcribing, administration and monitoring of drugs.
 - **Pharmacists:** report deviation from accepted procedures of dispensing prescriptions, or drug orders which do not conform with accepted pharmacotherapeutic principles.
 - **Other MC professionals (inhalation therapists, radiology technicians, etc.):** report ADE encountered during their professional assignments.
- Print legibly and use no abbreviations.

Name		Patient medical record №		Location/area of occurrence							
Age	Weight (Kg)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Diagnosis								
Reported by			Status <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Nurse <input type="checkbox"/> Other (Specify)								
Drug involved: Generic name				Brand name		ADE attributed to					
Dose				Route		Frequency		Duration		ADE discovered by	
Solution involved: Composition and concentration											
Date and time of occurrence					Date discovered			Time			
Date and time of onset of reaction											
How was the ADE discovered?											
<i>For additional space use a separate paper and attach to this form</i>											
Description of ADE											
<i>For additional space use a separate paper and attach to this form</i>											
Effects on the patient											
<i>For additional space use a separate paper and attach to this form</i>											
Measures taken											
<i>For additional space use a separate paper and attach to this form</i>											
Name of person notified					Date		Time				
Status <input type="checkbox"/> M.D. <input type="checkbox"/> Supervisor <input type="checkbox"/> Pharmacist <input type="checkbox"/> Others (specify)											

Was the ADE recorded in the patient's medical record/ in the pharmacy log book? Yes No Not applicable

Medication Error (ME)

Adverse Drug Reaction (ADR)

Error in prescribing

- Wrong selection of drug/solution
- Wrong Dose
- Ordered to wrong patient
- Duplication
- Others (*explain below*)
- Wrong time
- Wrong frequency
- Unreasonable combination
- Illegible order

Error in preparation/dispensing

Error in transcribing

- Wrong medication/solution
- Wrong dose
- Wrong concentration
- Omission
- Wrong patient
- Wrong time
- Wrong rate
- Others (*explain below*)

Error in administration

- Wrong medication/solution
- Extra dose
- Wrong route
- Wrong frequency
- Omission
- Wrong patient
- Overdose
- Wrong time
- Wrong rate
- Wrong duration
- Others (*explain below*)

Error in floor storage (*explain below*)

Error in monitoring (*explain below*)

(Use space below if needed)

Previous history of ADR? Yes No Unknown

Suspected drug(s)

Drugs concomitantly used

ADR reduced or ended when drugs were stopped
 Yes No Not done

Suspected predisposing factors: disease, hepatic/renal dysfunction, other drugs, etc.

Supporting tests

For additional space use a separate paper and attach to this form

In your opinion, were there factors that made this event difficult to prevent? *Please explain*

Your suggestions/recommendations to prevent recurrence of similar events