

Index: 8620.000
Addendum: #28
Review Date: May, 2005

ADVERSE DRUG REACTION REPORT

Monitor and treat the patient and report the reaction to a responsible physician. Enter the reaction in the patient's medical record.

PATIENT NAME _____ HOSPITAL NUMBER _____

LOCATION _____ PHYSICIAN _____

AGE _____ SEX _____ RACE _____ TIME/DATE OF REACTION _____ : _____ PM _____ 19

REASON FOR HOSPITALIZATION

CURRENT MEDICATIONS

MEDICATION(S) SUSPECTED (drug, dose, dosage form, route time(s) administered)

MANUFACTURER, LOT NUMBER

REACTION (physical symptoms and patient complaints)

TREATMENT AND/OR ACTION

NAME OF PHYSICIAN NOTIFIED _____ DATE _____ TIME _____ : _____ PM
PERSON PREPARING REPORT _____ DATE _____

PHYSICIAN'S ASSESSMENT

PHYSICIAN _____ DATE _____
FORWARD TO PHARMACY FOR SUBSEQUENT P&T REVIEW

PHARMACY AND THERAPEUTICS REVIEW:

FOR THE MEDICAL STAFF _____ DATE _____

HACKETTSTOWN COMMUNITY HOSPITAL
ADVERSE DRUG REACTION REPORT