

Adverse drug reaction report

For recording of reactions to antimicrobials

This form can be used as a template to document a suspected reaction (allergy/reaction/side-effect/intolerance) to an antimicrobial drug. It can be uploaded directly into medical notes or kept as a hardcopy in patient notes. **For documenting a reaction in Sunrise® electronic medical records, it is preferable to use the template as a guide to enter the information directly. The information is *not searchable* if the form is uploaded as a pdf into Sunrise®.**

Purpose of the report:

- To enable interpretation of the nature and significance of the event by a medical professional
- To prevent future use of the causative drug in cases of high risk or severity
- To prevent or enable future use of related antimicrobials according to currently known cross-reactivity patterns
- To enable risk stratification using standardised tools
- To prevent loss of information from memory lapse or miscommunication

Ideally complete this form at the time of the event or shortly afterwards if possible. It can also be used to record an event that occurred in the past. Complete one form for each drug/reaction.

Patient name: **MRN:**

Date of report: (DD/MM/YYYY)

Report based on: Current or recent reaction observed by reporter; **or**
Past reaction Information source:

Date of event: Year of event Month of event Date of onset (if known)
If report completed long after the event, try to estimate at least the year of the event

Antimicrobial drug: Generic name Brand name
(Use actual name of drug. Do not give drug class, e.g. 'penicillins')

The Reaction

Rash	Nausea	Swelling/angioedema	Headache
Respiratory involvement	Anaphylaxis	Gastrointestinal symptoms	Mental disturbance

Description of event

Description of rash:

Pruritic	Urticarial	Measles-like	Blistering	Oral or genital ulceration
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Severity of reaction:

Did the event require medical treatment?	Yes	No
Did the event result in admission to hospital?	Yes	No

Did the reaction involve internal organs? liver kidneys blood cells

If yes, provide brief details

Details of suspected drug:

How long after commencing the drug did the event begin?

How long after the onset of the event was the drug stopped?

How long did it take for the reaction to settle / resolve?

What was the dose of the drug?

List any other drugs taken at the same time:

Long term medications:

Drugs started around the time of the event:

Has this drug reaction occurred more than once? Yes No

Report completed by: **Role / Health profession:**

Save form

Print form

Buttons are only compatible with Internet Explorer.

Please save the form and work from your desktop if required.