

Electronic ADR Investigation Form

SFGH Pharmacy Department - Internal Use only

(If emailing document, only use our secure SFGH email to comply with HIPPA. Please name file as "ADR_date" and email to linda.p.truong@sfdph.org)

An adverse drug reaction is a serious noxious, unintended, or undesirable clinical event (symptom, sign, or lab finding) caused by a drug administered for prophylactic, therapeutic, or diagnostic purposes. Therapeutic failures and adverse effects of intentional poisoning or drug abuse are excluded. Adverse effects which occur routinely as part of the pharmacological spectrum of drug activity should not be reported unless categorized as severe, or necessitating an emergency visit, admission, or increase in hospital stay.

Adverse drug reaction information

Patient Name	--	Date of Reaction	--
Medical Record #	--	Reporting Person	--
Date of Birth	--	Date of Reporting	--
Ward/Location	--	Service	--
Drug(s) involved	Warfarin		
Summary of suspected adverse drug reaction:			
<p>47yo F with h/o Severe PVD transmetatarsal amputation graft thrombosis s/p TPA and angioplasty, Paroxysmal afib, HTN, DM2, DM retinopathy, lipid, Esophagitis, GIB, hysterectomy 2002 with h/o cervical CA, asthma originally admitted for diabetic foot ulcer. Anticoag continued with standard and appropriate monitoring. Pt developed ?ARDS/acute illness and INR elevated to 7.1 with downtrending hgb, but wound vac in place. Hemodynamically stable, received vit K 1mg iv x1 given high risk for bleeding.</p>			

For Warfarin Adverse Drug Reactions Only

INR max <u>7.1</u>	
Admitted for:	Admitted Category
<input type="checkbox"/> INR/bleeding <input checked="" type="checkbox"/> Incidental/other reason	<input type="checkbox"/> ED, Admit <input type="checkbox"/> ED, Non-Admit <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/>
Reason for elevated INR	Detail/ Comment:
<input type="checkbox"/> Drug-Drug interaction <input checked="" type="checkbox"/> Acute Disease state <input type="checkbox"/> Patient-specific causes <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Discharge follow-up?	Detail/ Comment:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown at this time	
Discharge dose adjustment	Detail/ Comment:
<input checked="" type="checkbox"/> None <input type="checkbox"/> Dose decreased <input type="checkbox"/> Dose increased <input type="checkbox"/> Discontinued	