Trigger Drug Report: Reporting Process

1. Daily reports are automatically generated from Omnicell and Siemens describing transactions for "trigger drugs" associated with a specific patient in particular location (i.e. John Doe in ED Zone 1) that have occurred in the past twenty-four hours.
    - Trigger drugs: naloxone, glucagon, flumazenil, protamine, digoxin immune fab, methylene blue, physostigmine, dimercaprol (BAL), cyproheptadine, dantrolene, deferoxamine, EDTA, hydroxycobalamin.

2. Codes associated with each Omnicell transaction describe the type of transaction that was completed: whether a medication was pulled from the Omnicell, returned, or wasted.
    - If a trigger drug was pulled from Omnicell, and later returned or completely wasted, it is not considered a potential ADR, as the patient did not receive the medication.

3. Otherwise, an investigation is completed by the ADR pharmacist to determine the reason a trigger drug was given, the patient's response, and if it was given in response to a true ADR. Determination if an ADR had occurred is made according to SFGH's definition of an ADR and the pharmacist's clinical judgment.
    - *SFGH definition (P&P 16.05):* An adverse drug reaction (ADR) 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.
    - Investigation includes a review of the following, when appropriate: ED notes, inpatient progress notes, medication administration records (MARs), nursing documentation, laboratory findings, reports by clinical pharmacists, interviews with staff.

4. Each reported ADR is entered into the hospital's ADR database for further monitoring and analysis.

5. Cases where an ADR was determined to have happened are presented at MERP meetings on a monthly basis for discussion.

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