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| ADVERSE DRUG REACTONS (ADR) | | | | NO. | |
| PURPOSE:  This is a Guideline for adverse drug reactions documentation and reporting to patient’s physician, pharmacy, consultant pharmacist and Quality Improvement Committee.  STATEMENT OF POLICY:  Adverse drug reactions are documented and reported to the patient’s attending physician, the Dispensing Pharmacy and Consultant Pharmacist and QIP Committee.  PROCEDURE:   1. The definition of an Adverse Drug Reaction is an undesirable and unintended harmful effect occurring as results of medication (i.e. heavy sedation, extra pyramidal symptoms, agitation, psychotic manifestations, severe cramping, nausea, vomiting, diarrhea, ataxia, etc.) It may also be an allergic reaction with no documented history of allergy to the medication. 2. In the event of an adverse drug reaction, immediate action is taken, as necessary, to protect the patient’s safety and welfare. 3. Physician’s orders are implemented, and the patient is monitored for 24-72 hours or as directed by the physician. 4. The attending physician is notified promptly of significant adverse drug reactions. 5. The following information is documented in the patient’s medical record:  * Factual description of the adverse reaction * Name of physician and time notified * Notification of family/responsible party. * Physician subsequent orders * Patient’s condition for 24 to 72 hours or as directed.  1. The adverse drug reaction report is completed. An incident report is completed as well. 2. The incident is included on the shift change report 3. The follow up adverse drug reaction report is completed within 72 hours. For unexpected or especially severe adverse reactions, the ADR report follow up form is completed and shown to the Consultant Pharmacist who decides whether or not to complete FDA form 1639a. When an incident appears to involve a problem with drug formulation or other aspects of drug quality, the information is given to the dispensing pharmacy with a request to investigate the incident and report to the Drug Quality Reporting Program is appropriate. 4. A report to the State Department of Health will be made if needed. 5. ADR’s and follow up reports are reviewed on a regular basis by the Quality Improvement Committee and acted upon as appropriate. 6. Information regarding adverse drug reactions including those identified in the process of screening for side effects of medications during drug regimen review by the Consultant Pharmacist is reported to the Quality Improvement committee. | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  1 of 1 |