



College of Veterinary Medicine Policies and Procedures

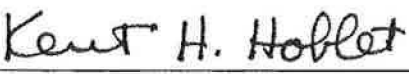
Subject: Adverse Drug Event Reporting
Form

Section: Pharmacy
Number: CVM 6.11.08.01
Pages: 1
Date: 2012
Replaces Policy Dated: 2007
To Be Reviewed Yearly by: AHC Director, Pharmacist
Source:
Cross Reference:

ADVERSE DRUG EVENT REPORTING FORM

Please see attached.

Approved:  9-26-12
Gary J. Burt, Director
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Date

Approved:  10/17/12
Kent Hoblet, Dean
College of Veterinary Medicine
Date



Animal Health Center
 College of Veterinary Medicine
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Adverse Drug Reaction Reporting Form
 Pharmacy Services

When completed, forward this form to the Pharmacy. It is important that adverse drug reactions be reported as soon as possible.

Admission Date: _____ Reaction Occurred: In House On Admit

Primary Diagnosis: _____ Secondary Diagnos(es): _____

Suspect Medication(s): _____

Dose: _____ Route: _____ Frequency: _____ Dates given: _____

Concurrent drugs (generic names—include Rx, OTC, supplements): _____

Relevant Lab (ie., drug serum concentrations, electrolytes, etc.): _____

Description of problem/comments—check boxes that apply or describe in Other:

- Rash Vomiting Fever Arrhythmia Behavior Change
 Panting Ataxia Diarrhea Blood dyscrasias
 Other: _____

Information on this drug reaction can be found on __/__/__ (date) in the:

- Progress notes ICU Flow sheet Clinician's Order Form Other

Completed by: _____
 (Stop here and return form to Pharmacy as Soon as possible.)

Pharmacy Review: Drug on market More than 3 years Less than 3 years

Lot # (if known): _____ Expiration date: _____

Were reactions noted above well-documented and described? yes no

Patient outcome: Extended hospitalization recovery in __ hr death No change

Comments: _____

Findings forwarded to: attending DVM Manufacturer FDA (Form 1932A) Other

Reviewed by: _____ (pharmacist) Date: _____