



Internal Memo

Teaching Hospital, Badulla

Date	04.08.2023
To	All consultants/medical officers/ I.N.O's
From	Director
Copy's	Consultant Microbiologist/ C.S.G.N.O/ Q.M.U
Subject	Information sheet for drug allergic reactions and adverse effects
File No.	BD/GH/CPMA/1/2013

In response to recent events related to drug reactions and adverse effects of drugs, a new form has been designed by Dr. Thushari Wijewardhana – Consultant Microbiologist aimed at collecting all the relevant information needed to analyse and assess the situation which can help prevent further occurrence of such events and to ensure medication safety for the patient.

The new form's main objective is to classify the reactions into mild, moderate and severe forms, followed by a conclusive recommendation by the Consultant in charge for the patient. The form must be filled right after a reaction or within 24 hours of the reaction whilst the patient is still in the ward. An adequate clinical assessment must be done before filling the form. Nursing officers must fill all the relevant information related to the drug.

Finally, the data will be collected by the Quality Management Team and will be discussed at the bi monthly meetings, where decisions related to the further use of the drug and all issues related to quality of the drug will be discussed to prevent further occurrence and to ensure medication safety.

Dr. Upul Karunaratne
MBBS.MSc (Med.Admin) MD(Med.Admin)
Director
Teaching Hospital, Badulla.

INFORMATION SHEET FOR DRUG ALLERGY/REACTIONS

TH.BD.H. 1007

PATIENT INFORMATION (TO BE FILLED BY HO/MO)		PHARMACEUTICAL DETAILS (TO BE FILLED BY NO)	
Name:		Tradename:	
Sex /Age		Manufacture:	
Pregnancy:		BatchNo:	
Compromised Liver Function:		Manufacturing Date:	
Compromised Kidney function:		Expiry Date:	
Past Medical History:			
Weight / Gestation			

DRUG INFORMATION (TO BE FILLED BY HO/MO)			
Name of the drugs:		If given as infusion	
Indication:		Recommended time duration:	
Route of administration:		Frequency:	
Givenas: infusion/bolus		Date of initiation :	
		Date of discontinuation:	
		The dose that caused, ADR:	

Short Medical History (TO BE FILLED BY HO/MO)

Date of Reaction	
Suspected drugs(dose, mode of application)?e.g. Amoxicillin 1gp.o.tid	
Duration of medication use until onset of symptoms?	
Time interval between onset of symptoms and last administration	
Duration of symptoms?	
Allergy testing done?	
Other known allergies?	
Drugs allergy history?	

Manifestations/Symptoms		Mild	Moderate	Life-Threatening
Please check off (multiple selections possible)				
Immediate reaction within minutes up to 1hr (in rare cases up to 6hrs), then persisting for several hours	Occurrence in varying sequence/ combination	<input type="checkbox"/> Pruritus		
		<input type="checkbox"/> Rhino conjunctivitis		
		<input type="checkbox"/> Dizziness,headache		
		<input type="checkbox"/> Urticaria		
		<input type="checkbox"/> Faintish ness		
		<input type="checkbox"/> Tachycardia		
		<input type="checkbox"/> Mild dyspnea and cough		
		<input type="checkbox"/> Angioedema/laryngealedema		
		<input type="checkbox"/> Wheezing/severe dyspnoea		severe anaphylactic reaction up to anaphylactic shock
		<input type="checkbox"/> Dropin blood pressure		
<input type="checkbox"/> Unconsciousness				
<input type="checkbox"/> Cardiovascular-and/orrespiratory arrest				
Delayed reaction >6hrs up to few days, then persisting few day sup to weeks		Inca.60% of cases: Maculopapular exanthem ⁴		
		rare:DRESS syndrome		
		rare:Hemolytic anemia/cytopenia		
		rare:Acute nephritis or hepatitis		
		rare:Most severe bullous skin reactions		
Other Reactions				



Measurestaken	
After onset of manifestations/symptoms	
Please check off (multiple selections possible)	
<input type="checkbox"/>	Discontinuation of antibiotic
<input type="checkbox"/>	Switch to alternative antibiotic
<input type="checkbox"/>	Antihistaminesiv/po/ topical
<input type="checkbox"/>	Corticosteroidsiv/po/ topical
<input type="checkbox"/>	Adrenalineiv/Adrenaline auto-injectorim
<input type="checkbox"/>	Critical care given at (ICU,normal ward)
Vital Parameters at the time of reaction	
<input type="checkbox"/>	BP:
<input type="checkbox"/>	SPO2:
<input type="checkbox"/>	RR:
<input type="checkbox"/>	PR:

RECCOMENDATION/S (TO BE FILLED BY CONSULTANT)

.....

.....

.....

.....

.....

.....

.....

.....

.....
CONSULTANT SIGNATURE