

Internal Memo

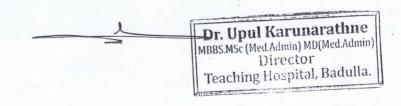
Teaching Hospital, Badulla

Date	OF.09.2023					
То	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 avers 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 fore 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 date 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.



..... **CONSULTANT SIGNATURE**

INFORMATION SHEET FOR DRUG ALI						LERGY/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:			
	_	ed Liv	ver Function:			Manufacturing Date:			
Compromised Kidney function:						xpiry Date:			
Past Med									
Weight /									
DRUGIN	FΟ	RMA	TION (TO BE FILE	LED BY HO/MO)				
Name of the drugs:				-		_	n as infusion nmended time duration:		
Indication:						Freque			
Route of							·		
administ	ati	ion:			Date of initiation :				
Givenas: infusion/bolus			n/bolus		Date of discontinuation: The dose that caused, ADR:				
Short Med	lica	al Hist	tory (TO BE FILLED	В ВҮ НО/МО)					
Date of Rea	cti	on							
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 kno	wn	aller	gies?						
Drugs aller	gy I	histor	y?						
Manifesta	tio	ns/Sy			Measurestaken				
Mild Moderate Life-Threatening							After onset of manifestations/symptoms		
Please check off (multiple selections possible)						\neg	Please check off (multiple selections possible)		
Immediate reaction within minutes up to 1hr (in rare cases up to 6hrs), then persisting for several hours			Pruritus				Discontinuation of ar	ntibiotic	
			Rhino conjunctivit				Switch to alternative antibiotic		
	ion		Dizziness, headache	ie			Antihistaminesiv/po/		
	binat		Urticaria Faintish ness Tachycardia				Corticosteroidsiv/po/		
	com						Adrenalineiv/Adrenaline auto-injectorim Critical care given at (ICU,normal ward) Vital Parameters at the time of reaction		
	nce/			Mild dyspnea and cough					
	edne		Angioedema/laryngealedema				BP:		
	/ing s		Wheezing/severe of		는 X		SPO2:		
	vary		Dropin blood press	· ·	anaphylactic tion up to /lactic shock		RR:		
	nce in		Unconsciousness		aphy n up tic s		PR:		
within minut 6hrs), then p	Occurrence in varying sequence/ combination		Cardiovascular-and arrest	l/orrespiratory	evere anaphylactic reaction up to inaphylactic shock		RECCOMENDATION/S (TO) BE FILLED BY	

rare:DRESS syndrome

Delayed reaction >6hrs up to few days, then persisting few day sup to weeks

Other Reactions

rare:Hemolytic anemia/cytopenia rare:Acute nephritis or hepatitis

rare:Most severe bullous skin reactions

nca.60% of cases: Maculopapular exanthem