



Recording & Reporting ADVERSE DRUG REACTIONS The When? How? and Why?

WHEN taking a medication history, ask about previous adverse drug reactions (ADR), including drug allergies, and record in the patient's medical notes and on all medication charts. If a patient experiences an adverse event while receiving a new medicine, always consider the medicine as a possible cause.

HOW to record an adverse drug reaction or allergy? Take a thorough history from the patient/carers, including details of the temporal relationship between the suspected reaction and when the medication was given. Doctors, nurses and pharmacists should be involved in this documentation process. The patient's local GP and pharmacy are good sources of additional information. Always fill in the "Drug reaction/allergy" box of the medication chart (see box below for what information is needed). If the patient has no known allergies or ADRs, indicate "NKA" in the "Drug reaction/allergy" box.

WHY take the time? Accurate information about ADRs can inform subsequent treatment decisions for the individual patient as well as improving knowledge about ADRs in children generally. Incorrect information may mean a patient is denied a potentially useful drug. Not recording a known ADR on the medication chart may mean a medication may be given with subsequent harm to the patient.

Not all problems that occur while someone takes a drug are necessarily caused by the drug. There are a variety of systems that allow a causality evaluation to be undertaken, before something is actually labeled an ADR (e.g. a rash during an infectious illness may be caused by the illness *OR* by an antibiotic taken during the illness). Also, many so-called drug "allergies" such as vomiting or diarrhoea, are actually side effects rather than true allergies.

Consider:

- (1) Was the event a definite ADR?...probable?...possible?... doubtful?
- (2) What "type" of ADR was it? drug allergy? (i.e. mediated via immunological mechanisms) or a side effect?... intolerance?... toxicity/overdose?... drug interaction?... idiosyncratic reaction?

DRUG REACTION/ALLERGY

- **Drug/s** involved
- **Type of reaction:** a brief description (eg. rash, anaphylaxis, diarrhoea)
- **Date** that the reaction occurred
- **Who** documented the reaction?



Avoidable incidents still happen...

Ampicillin prescription in an Augmentin-allergic patient

An 8 year-old was admitted via ED with lacerations. She received a dose of iv *Ampicillin* pre-op before staff realised she had previously had a rash after taking another penicillin antibiotic, *Augmentin* (containing *amoxycillin*). She subsequently developed bronchospasm and rash which needed treatment with IV hydrocortisone and nebulised salbutamol.

Antibiotic reactions are the most frequently encountered ADRs in children. Check with the patient/carer and the medical records for any previous ADRs. Always clearly note any known ADRs on the medication chart. It is also important to check the ADR box before prescribing any new medication on an existing chart.

DID A SUSPECTED ADR OCCUR DURING THIS ADMISSION?

Suspected reactions, particularly those associated with NEW medicines or with SERIOUS consequences (death, need for hospitalisation, increased investigation or treatment) should be reported to ADRAC

Please fill out an ADRAC¹ blue card and send to pharmacy (call ext 21367 if unsure about how)

... the national database collates information about ADRs and provides advice to prescribers

¹ Adverse Drug Reaction Advisory Committee (ADRAC) is part of the Therapeutic Goods Administration (TGA). See <http://www.tga.gov.au/problem/index.htm>