

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**Suspected Adverse Drug Reaction (ADR) Reporting Form**



**INSTRUCTIONS: Please PRINT all requested information.** Privileged and confidential: All information provided on this form, including any appended materials, is furnished as a report, is privileged and confidential, and is protected by 63 O.S. § 1-1709. This report is to be used solely in the course of internal control for the purposes of reducing morbidity and mortality and improving the quality of inmate care. ***Monitor and treat the inmate and report the suspected adverse drug reaction to the medical provider immediately upon discovery. Document the suspected adverse drug reaction in the inmate's medical record if confirmed by the medical provider.***

Facility: \_\_\_\_\_ Date/Time of ADR: \_\_\_\_\_  
 Location of Occurrence: \_\_\_\_\_ Drug(s) Involved: \_\_\_\_\_  
 Inmate Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_  
 Stated Drug Allergies: \_\_\_\_\_  
 Provider Notified: ☐ Yes ☐ No Facility CHSA Notified: ☐ Yes ☐ No  
 Inmate Notified: ☐ Yes ☐ No Pharmacy Notified: ☐ Yes ☐ No  
 Suspected Drug Discontinued: ☐ Yes ☐ No Medical Provider Confirmed ADR Charted: ☐ Yes ☐ No

**Definition**

***An Adverse Drug Reaction (ADR) is defined as a detrimental response to a medication that is undesired, unintended, and unexpected in doses recognized in accepted medical practice.***

**Brief Description of Adverse Drug Reaction:**

\_\_\_\_\_  
 \_\_\_\_\_

**Category of ADR**

Fill in Error Category \_\_\_\_\_

- A - Mild ADR:** A reaction that is self-limiting and requires no treatment  
**B - Moderate ADR:** A reaction that requires treatment and possible hospitalization  
**C - Severe ADR:** A reaction that (1) is life-threatening or contributes to the death of an inmate; (2) is permanently disabling; (3) requires intensive medical care; or (4) takes longer than 15 days for recovery to occur

**Type of Adverse Drug Reaction: (Check all that apply)**

**Allergic**

☐ Anaphylaxis  
☐ Fever  
☐ Angioedema  
☐ Urticaria

**ENT**

☐ Hearing loss  
☐ Tinnitus  
☐ Visual disturbance  
☐ Swallowing difficulty

**Metabolic Balance**

☐ Hypokalemia  
☐ Hyperkalemia  
☐ Hypoglycemia  
☐ Hyperglycemia

**Respiratory**

☐ Wheezing  
☐ Respirations (↑ or ↓)  
☐ Cough  
☐ Bronchospasm  
☐ Respiratory distress

**Skin**

☐ Pruritus  
☐ Rash edema phlebitis  
☐ Flushing  
☐ Red man syndrome  
☐ Sweating

**Cardiovascular**

☐ Angina  
☐ Hypertension  
☐ Hypotension  
☐ Tachycardia  
☐ Bradycardia  
☐ Syncope  
☐ Dysrhythmias  
☐ QTc prolongation  
☐ Asystole

**Gastrointestinal**

☐ Diarrhea  
☐ Constipation  
☐ Nausea  
☐ Vomiting  
☐ Ulceration/bleeding  
☐ Gastritis

**Neurologic**

☐ Headache  
☐ Seizures  
☐ Vertigo  
☐ Somnolence  
☐ Dyskinesia  
☐ EPS  
☐ Rigors/chills

**Psychiatric**

☐ Depression  
☐ Confusion  
☐ Hallucinations  
☐ Psychosis  
☐ Agitation  
☐ Combative

**Hematologic**

☐ Bleeding  
☐ Thrombocytopenia  
☐ Leukopenia  
☐ Thrombosis

**Other (describe)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Review and Signature of facility CHSA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please **FAX** completed report to the chief Medical Officer at **405/425-2911** within 72 hours of discovery.

**DO NOT PLACE IN MEDICAL RECORD!**

**Office of Medical Services Follow-up:** ☐ Report forwarded to FDA ☐ P&T Committee ☐ PI Council

**Drug Reaction Relationship:** ☐ Certain ☐ Probable ☐ Possible ☐ Unlikely