

<b>ADVERSE DRUG REACTION REPORT</b>  <b>SHEPPARD AFB HOSPITAL TX</b>  <i>(Not part of Chart)</i>	NAME PLATE
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*Report any potential or confirmed drug reaction that requires a change in the patient's management; discontinuing the drug, reducing the dose, changing the drug, providing supportive treatment, prolonging the hospital stay, or morbidity or mortality.*

<input type="checkbox"/> Adverse drug reaction is the reason for admission. <i>(Check if appropriate)</i>	DATE:	PHYSICIAN:
SUSPECTED DRUG:	CONCURRENT DRUGS:	

DRUG ALLERGIES:

**TYPE OF ALLERGY (check one): Examples of reactions on back page.**

<input type="checkbox"/> Hypersensitivity	<input type="checkbox"/> Neurologic	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Hematologic
<input type="checkbox"/> Renal	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Dermatologic
<input type="checkbox"/> Endocrine/metabolic	<input type="checkbox"/> GI	<input type="checkbox"/> Other _____	

Complete description of reaction:

**SEND TO PHARMACY**

**MEDICAL STAFF REVIEW - Comments/treatment - if any (see back)**

PROBABILITY* <i>(see below)</i>	SEVERITY** <i>(see below)</i>	OUTCOME	CAUSE OF DEATH
<input type="checkbox"/> Documented/probable <input type="checkbox"/> Possible <input type="checkbox"/> Doubtful	<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild	<input type="checkbox"/> Recovered <input type="checkbox"/> Recovered w/ sequelae <input type="checkbox"/> Died	<input type="checkbox"/> Related <input type="checkbox"/> Unrelated

*PROBABILITY	**SEVERITY
<b>Documented/Probable:</b> Reaction is recognized adverse effort of the medication and there is a temporal relationship. <b>Possible:</b> Reaction is known to occur, but the temporal relationship is less clear. <b>Doubtful:</b> Another cause of the adverse reaction is judged more likely.	<b>Severe:</b> Significant morbidity or mortality. <b>Moderate:</b> Significant change in drug therapy or specific treatment or increase in patient's length of stay. <b>Mild:</b> Minor change in dose of therapy.

**FOLLOW-UP P&T COMMITTEE ACTION**

<input type="checkbox"/> None, file for statistics
<input type="checkbox"/> Recommendation: _____
<input type="checkbox"/> Save for submission to FDA Form 1639

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

