## DATAFORM 4
### ADE Incident Identification Form

1. **Study ID Number:**
   
2. **Case Number:**
   
3. **Reviewer ID Number:**
   
4. **Brief description of ADE:**
   
5. **Indicate the prescription number**
   
6. **Category of complication**
   - 1. Bleeding
   - 2. CNS
   - 3. Allergic/cutaneous
   - 4. Metabolic
   - 5. Cardiovascular
   - 6. GI
   - 7. Renal
   - 8. Respiratory
   - 9. Marrow Depression
   - 10. Other
   - 11. Eyes
   - 12. Ears
   - 13. Nose
   - 14. Throat
   - 15. Reproductive
   - 16. Musculoskeletal
   - 17. Skin

7. **How long did it last?**
   - 1. Less than one day
   - 2. 1-3 days
   - 3. 4-7 days
   - 4. 8 days to 1 month
   - 5. More than 1 month
   - 6. Unknown
   - 7. Disabling
   - 8. Lab abnormality only

8. **Was there any other evidence of the ADE? (eg. Endoscopy showing ulcer)**
   - 1. No
   - 2. Yes, specify: 
   - 3. Don’t know

9. **Was the drug stopped?**
   - 1. No
   - 2. Yes
   - 3. Don’t know
   - 4. Not applicable
10. Did this adverse drug event result in an additional visit?

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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. No <em>(Skip to question Q12)</em></td>
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<tr>
<td>2. Yes <em>(Go on to Q11)</em></td>
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11. If yes, how many of each visit (indicate all that apply)

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<table>
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<tbody>
<tr>
<td>1. _____ Clinic visits</td>
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<tr>
<td>2. _____ Emergency room visits</td>
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<td>3. _____ Hospital admissions</td>
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<td>4. _____ Admissions to long-term facility</td>
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<td>5. _____ Phone call</td>
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<td>6. _____ Email contacts</td>
<td></td>
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<tr>
<td>7. _____ Other ________________________________</td>
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<td>8. _____ Other ________________________________</td>
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12. Was the event caused by a medication that required outpatient blood monitoring?

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<tr>
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<tr>
<td>1. No <em>(Skip to Q14)</em></td>
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<tr>
<td>2. Yes <em>(Go on to Q13)</em></td>
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13. If yes, was there elevated/abnormal level with the event?

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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. No</td>
<td></td>
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<tr>
<td>2. Yes <em>(specify level and abnormality)</em></td>
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</table>

14. Was there regular monitoring of the blood level prior to the event?

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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. No</td>
<td></td>
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<tr>
<td>2. Yes</td>
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15. Relevant lab values: (at visit or most recent prior to visit)

<table>
<thead>
<tr>
<th>Test name</th>
<th>Value</th>
<th>Date</th>
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<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
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<tr>
<td>b.</td>
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16. Was this incident due to a medication  ____  1. No *(STOP, form is complete)*
17. Category of reason (multiples may be checked; circle primary reason):

- 1. Illegible Order
  - 1.01 MD signature illegible
  - 1.02 Patient name illegible
  - 1.03 Med name illegible
  - 1.04 Illegible route
  - 1.05 Illegible frequency
  - 1.06 Illegible length of treatment
  - 1.07 Illegible amount to be dispensed
  - 1.08 Entire prescription illegible
  - 1.09 Illegible dose or dose units
  - 1.10 Illegible strength or strength units
  - 1.11 Illegible date
  - 1.12 Illegible weight or weight
  - 1.13 Illegible directions for use

- 2. Dose error
  - 2.01 Overdose
  - 2.02 Underdose
  - 2.03 Dose omitted (from order/when dispensed)
  - 2.04 Dose units omitted
  - 2.05 Dose form incorrect
  - 2.06 Extra dose(s)
  - 2.07 Missed dose(s) (not given/taken)
  - 2.08 Discrepancy in dose

- 3. Route error
  - 3.01 Route omitted
  - 3.02 Route incorrect
  - 3.03 Discrepancy in route

- 4. Frequency error
  - 4.01 Frequency omitted
  - 4.02 Frequency incorrect
  - 4.03 Discrepancy in frequency
<table>
<thead>
<tr>
<th>Section</th>
<th>Error Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>5.01</td>
<td>Length of treatment omitted</td>
<td></td>
</tr>
<tr>
<td>5.02</td>
<td>Length of treatment incorrect</td>
<td></td>
</tr>
<tr>
<td>5.03</td>
<td>Discrepancy in length of treatment</td>
<td></td>
</tr>
<tr>
<td>6.01</td>
<td>Directions for use omitted</td>
<td></td>
</tr>
<tr>
<td>6.02</td>
<td>Directions for use incorrect</td>
<td></td>
</tr>
<tr>
<td>6.03</td>
<td>Directions for use incomplete</td>
<td></td>
</tr>
<tr>
<td>6.04</td>
<td>Discrepancy in directions</td>
<td></td>
</tr>
<tr>
<td>7.01</td>
<td>Strength omitted</td>
<td></td>
</tr>
<tr>
<td>7.02</td>
<td>Strength incorrect</td>
<td></td>
</tr>
<tr>
<td>7.03</td>
<td>Strength incomplete</td>
<td></td>
</tr>
<tr>
<td>7.04</td>
<td>Strength without units</td>
<td></td>
</tr>
<tr>
<td>8.01</td>
<td>Amount to be dispensed omitted</td>
<td></td>
</tr>
<tr>
<td>8.02</td>
<td>Amount to be dispensed incorrect</td>
<td></td>
</tr>
<tr>
<td>8.03</td>
<td>Amount to be dispensed without units</td>
<td></td>
</tr>
<tr>
<td>9.01</td>
<td>PRN without indication</td>
<td></td>
</tr>
<tr>
<td>10.01</td>
<td>Weight omitted</td>
<td></td>
</tr>
<tr>
<td>10.02</td>
<td>Weight incorrect</td>
<td></td>
</tr>
<tr>
<td>10.03</td>
<td>Weight units missing</td>
<td></td>
</tr>
<tr>
<td>11.01</td>
<td>Date omitted</td>
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<tr>
<td>11.02</td>
<td>Date incorrect</td>
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12. Inappropriate use of abbreviation

   If yes
   12.01 Dose abbreviation
   12.02 Route abbreviation
   12.03 Frequency abbreviation
   12.04 Length of treatment abbreviation
   12.05 Directions abbreviation
   12.06 Strength abbreviation
   12.07 Amount abbreviation
   12.08 Weight abbreviation

13. Other, specify: _______________________________________

14. Substitution

   If yes:
   14.01 Wrong drug given
   14.02 Wrong patient received drug
   14.03 Wrong drug ordered
   14.04 Other __________

15. Refill Error

16. Failure to recognize drug-drug interaction

17. Inadequate follow-up of therapy

18. Use of inappropriate drug

19. Avoidable delay of treatment

20. Patient had documented allergy to medication prescribed

18. Person Primarily Responsible

   1. Physician
   2. Nurse practitioner
   3. Physician’s assistant
   4. Nurse in office
   5. Pharmacist in office
   6. Pharmacist in pharmacy
   7. Parent/Legal guardian
   8. School nurse
   9. Babysitter/daycare provider
   10. Patient
   11. Other ________________
   12. None
   13. Insurance
   14. Person who takes phone orders
   15. LMR
19. Other people responsible

1. Physician
2. Nurse practitioner
3. Physician’s assistant
4. Nurse in office
5. Pharmacist in office
6. Pharmacist in pharmacy
7. Parent/Legal guardian
8. School nurse
9. Babysitter/daycare provider
10. Patient
11. Other _____________________
12. None
13. Insurance
14. Person who takes phone orders
15. LMR

20. Any work resulting from Medication Error? (Choose all that apply)

1. Patient contacted provider (phone)
2. Patient contacted provider (email)
3. Patient contacted RN (phone)
4. Patient contacted RN (email)
5. Provider contacted pharmacy
6. Pharmacy contacted provider
7. Patient contacted pharmacy
8. Labs
9. Office visit
10. ED visit
11. Hospitalization
12. Consults
13. Other medications
14. Other, specify: __________
15. None

21. At what level did this error occur? (Choose all that apply)

1. Physician order
2. Pharmacy dispensing
3. Transcription
4. Patient administration
5. Monitoring
6. Can’t tell

22. Was the error intercepted?

No
Yes
23. If intercepted, then by whom?  

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