

Basic Reporting of an ADVERSE DRUG REACTION in RL

1. Click on the icon located on the RL icon wall labeled Adverse Drug Reaction (icon available in RL starting December 16, 2019)



2. Provide the *mandatory Information* in the fields indicated with a **green asterisk ***

When and Where the Event Reported

Documentation date in health record (MM-DD-YYYY) * 12-13-2019

Site/Community Area *

Site Program/Service Area *

Area/Unit *

Person Affected Details

MRN / Chart Number

First Name

Last Name *

Gender *

DOB (mm/dd/yyyy) * mm-dd-yyyy

Age

Note: There are only 2 other mandatory fields above and beyond the Patient / Resident's last name, gender, and DOB.

Medication / Fluid Involved

Generic Name *

Describe Reaction *

Seriousness of reaction

Reporter

Reported by First and Last Name *

Phone number

Health profession

YOU HAVE NOW COMPLETED THE MANDATORY FIELDS FOR REPORTING ADVERSE DRUG REACTIONS. YOU MAY NOW SUBMIT, OR CONTINUE AND INCLUDE ADDITIONAL INFORMATION IN THE FIELDS BELOW.

Generic name of the medication suspected

Description of the reaction

Name to be provided in case further information needed.

3. Once you have completed these sections, you may then click the "Submit" button located at the bottom of the form.



Delete More Actions -

****OPTION is to continue and include additional information in subsequent fields found on the form****

4. Any section can be collapsed by clicking on the Arrows located on the far left corner.

