



KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.

TO WHOM SO EVERIT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.

Ambrha

PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



Manassery PO, Mukkam, 673602, Kozhikode, Kerala

☎ 0495-229 4664 ✉ ayurveda@kmct.edu.in

🌐 www.kmctayurvedacollege.org



INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE





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MECHANISM OF COLLECTION, ANALYSIS AND REPORTING OF ADRS



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Mechanism of collection analysis and reporting of ADR

The adverse drug reaction noticed in the hospital will be recorded in the incidence form and brought under the notice of hospital superintendent.

The superintendent conveys the details to pharmacy and therapeutic committee for review.

The committee will enquire regarding probable reason for the ADR and suggest appropriate action to be taken.

The same will be reported to the coordinator, Peripheral pharmacovigilance center (PPvC), Vaidya Ratnam P.S Varier Ayurveda College, Kottakkal, Kerala.

Dr. T. N. HARIKRISHNAN
Professor & HOD
Dept. of RS & BK
KMCT AMC



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KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

ADVERSE DRUG REACTION(ADR) FORM

DATE OF REPORTING & TIME:

Date of onset & originally suspected ADR	:	-
ADR originally identified by	:	-
Primary drug /suspected	:	-
Drug category	:	-
Dosage and frequency ordered	:	-
Route	:	-
If a drug interaction, what are the participant drugs?	:	-
Name of the patient: _____ MRDNO: _____ Room No: _____		
PRODUCT INFORMATION		
MFD/Batch No: _____	Exp Date: _____	
Source of drug :(Hospital name) Pharmacy / Outside pharmacy _____		
OUTCOME OF ADR		
Hospital Admission <input type="checkbox"/>	Prolongation of Hospital Stay <input type="checkbox"/>	
Drug adjustment or Discontinuation <input type="checkbox"/>	Treatment <input type="checkbox"/>	
Complication of Diagnosed Disease state <input type="checkbox"/>	Patient Death <input type="checkbox"/>	
Considered significant but cannot be categorized as above		
Nausea	Shortness of breath	Breathing difficulty
Vomiting	Increased heartrate	Fatigue
Diarrhoea	Itching & Rashes	Cramps
Abdominal Discomfort	Dizziness	Headache
Heartburn	Hiccups	Uryness of mouth
		Bloating
		Bleeding
		Ulcerations in mouth
		Constipation
		Hair loss
Other(please specify)		
Reported by: _____ Emp. No: _____ Signature _____		

KMCT/FORM/02

REV:00

01-05-2023



[Signature]
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