

# **Pharmacy Information System (PhIS) and Clinic Pharmacy System (CPS)**

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## **Pharmacy Based**

### **User Manual Adverse Drug Reaction (ADR) & Drug Allergy Card (DAC)**

|                    |                                 |
|--------------------|---------------------------------|
| <b>Version</b>     | <b>: 9<sup>th</sup> EDITION</b> |
| <b>Document ID</b> | <b>: PB_U. MANUAL_ADR_DAC</b>   |



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Application reference: PhIS & CPS v2.0.1

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## 1.0 Introduction

### 1.1 Overview of PhIS

Pharmacy Information System or better known as PhIS, is a complete and comprehensive system that integrates pharmacy related services geared towards pharmacy excellence. PhIS implementation would transform most of current manual process to electronic system to benefit facility end user in the health care sector.

There are 12 modules to assist services delivery by the health care sector which comprises of:

1. Order Management
2. Inpatient Pharmacy
3. Outpatient Pharmacy
4. Medication Counselling
5. Ward Pharmacy
6. Pharmacy Inventory
7. Manufacturing of Cytotoxic Drug Reconstitution, Parenteral Nutrition, IV Admixture & Eye Drop, Radiopharmaceuticals and Extemporaneous
8. Adverse Drug Reaction & Drug Allergic (ADR & DAC)
9. Clinical Pharmacokinetics Services (TDM)
10. Drug Information & Consumer Education (DICE)
11. Medication Therapy Adherence Clinic (MTAC)
12. Data Mining (PhARM)

### 1.2 Purpose and Objectives

This user manual outlines the Adverse Drug Reaction (ADR) and Drug Allergy Card (DAC) sub-module and its key features and functionalities. The primary objective is to guide user through the process of completing PhIS application process.

User will understand the following activities in details:

- ADR Reporting
- NPRA Feedback
- Adverse Event Following Immunisation
- Print Allergy Card

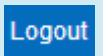
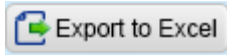
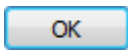
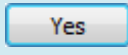
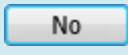
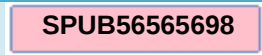
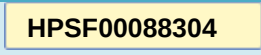
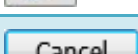
### 1.3 Organised Sections

These are the sections within this document:

- Section 1 : Introduction
- Section 2 : Application Standard Features
- Section 3 : Adverse Drug Reaction (ADR) & Drug Allergy Card (DAC)
- Section 4 : Acronyms
- Section 5 : Links to Clinical Modules

## 2.0 Application Standard Features

### 2.1 PhIS Legend

| Standard Legend                                                                    |                                           |                                                                                      |                                    |
|------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|
|    | Login to PhIS                             |     | Logout from PhIS                   |
|    | Close All Open Tabs                       |     | Refresh Screen                     |
|    | Expand Menu                               |     | Collapse Menu                      |
|    | Expand Module                             |     | Collapse Module                    |
|    | Add/Create New Record                     |     | Save                               |
|    | Close Window                              |     | Calendar Icon                      |
|    | Save Transaction                          |     | Delete Record                      |
|    | Export Report From PDF file to Excel file |     | OK Button                          |
|   | Yes Button                                |    | No Button                          |
|  | Radio Button                              |   | Checkbox                           |
|  | System Automatic Generate Record No.      |  | Automatically Display/Retrieve Box |
|  | Reset Login Screen                        |   | Cancel                             |
|  | Display Home Tab                          |   | Search Icon                        |
|  | Show Help                                 |   | Edit Record                        |
|  | Search Record                             |   | Cancel Button                      |
|  | Dropdown Box                              |  | Empty Text Box                     |
|  | Mandatory Field                           |                                                                                      |                                    |

| ADR & DAC Module Legend          |                           |                                       |                                 |
|----------------------------------|---------------------------|---------------------------------------|---------------------------------|
| <a href="#">Print In Malay</a>   | Print DAC card in Malay   | <a href="#">Causality Grading</a>     | Causality Grading Guide         |
| <a href="#">Print In English</a> | Print DAC card in English | <a href="#">WHO Terminology Guide</a> | WHO Terminology Guide Hyperlink |

**Note**

To learn more about Login Information, kindly click [Login Information](#) module for descriptive steps.

### 3.0 Adverse Drug Reaction & Drug Allergy Card

#### Overview

The Adverse Drug Reaction module converse the implementation of a safe, organised, and efficient adverse drug reaction reporting, adverse reaction after immunisation reporting and allergy card printing

#### User Group

This module is intended for pharmacist and prescriber. (subject to the user assigned by the facility)

#### Functional Diagram

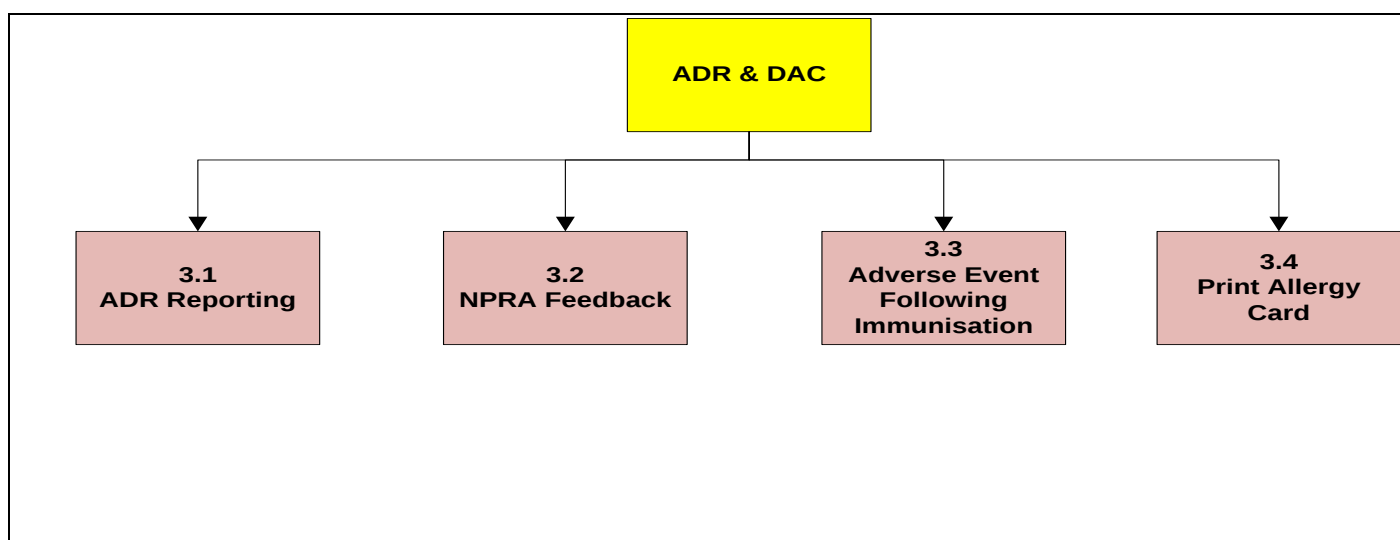


Figure 3.0

#### Functional Description

ADR & DAC comprises of four (4) main functions:

- **ADR Reporting**  
This process is used by prescriber and pharmacist to record any adverse drug reaction of the patient. The format is similar to the Adverse Drug Reaction Form by National Pharmaceutical Control Bureau (NPCB).
- **NPCB Feedback**  
This process is used by pharmacist to record any feedback on the ADR Reporting sent to National Pharmaceutical Control Bureau (NPCB) into the system.
- **Adverse Event Following Immunisation**  
This process used by prescriber and pharmacist to record any adverse reaction after immunisation.
- **Print Allergy Card**  
This process is used by pharmacist to print an allergy card for the patient. The allergy record is created based on allergy reported by prescriber.

### 3.1 ADR Reporting

This function is used to record any drug reaction of the patient before sending to NPRA.

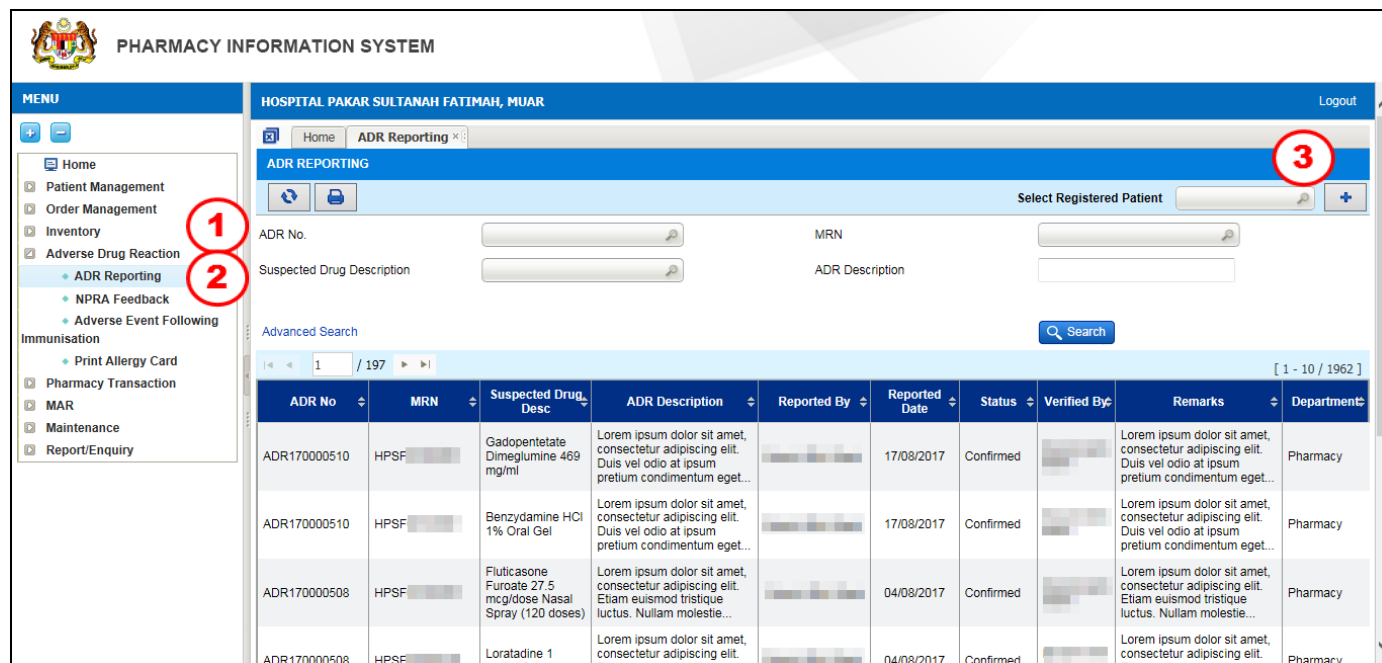


Figure 3.1-1 ADR Reporting Listing Page

#### Note

PhIS Screen menu/sub menu will be displayed according to user access right.

#### STEP 1

Click on 'Adverse Drug Reaction' menu

#### STEP 2

Click on 'ADR Reporting' sub-menu

#### STEP 3

Click on the  button to search for patient record

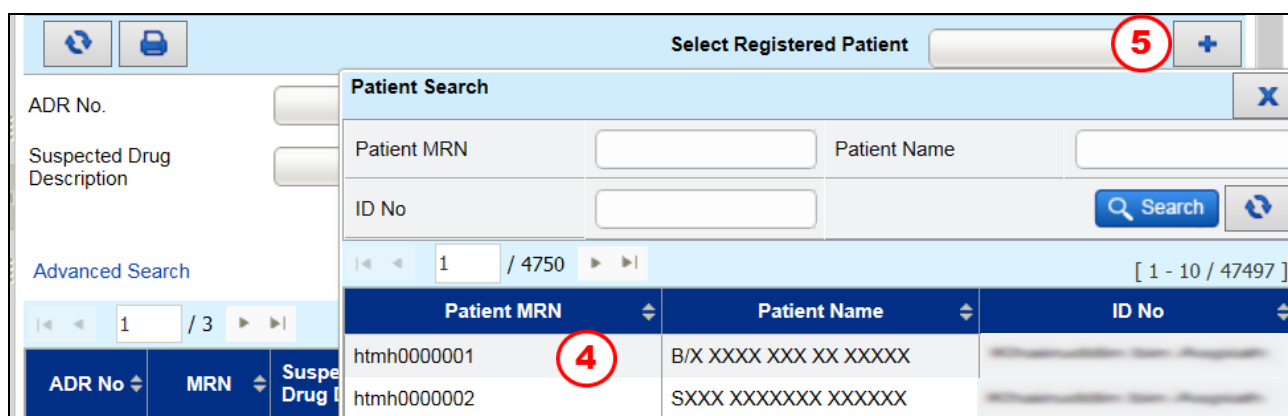
#### Note

Search for ADR Reporting record by below criteria :-

| Basic Search   |                            |             |                                                                      |
|----------------|----------------------------|-------------|----------------------------------------------------------------------|
| No             | Field                      | Description | Remark                                                               |
| a              | ADR No                     | —           | Allow to search record by full or partial ADR No                     |
| b              | MRN                        | Patient MRN | Allow to search by patient full or partial MRN No                    |
| c              | Suspected Drug Description | Drug Name   | Allow to search by full or partial drug name                         |
| d              | ADR Description            | —           | Allow to search by full or partial ADR description exp, Rash, Rashes |
| Advance Search |                            |             |                                                                      |
| e              | Reported Date From         | —           | Allow to search date before current date                             |
| f              | Reported Date To           | —           | Allow to search date later than date on Reported Date From field     |

|   |             |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                              |
|---|-------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| g | Reported By | User Login Name                                                                                                    | Allow to search by full or partial User Login Name                                                                                                                                                                                                                                                                                                                                           |
| k | Status      | <ul style="list-style-type: none"> <li>– All</li> <li>– Confirmed</li> <li>– Verify</li> <li>– Recorded</li> </ul> | <ul style="list-style-type: none"> <li>– All - Allow to search for records by status Confirmed, Verify and Recorded</li> <li>– Confirmed - Allow to search for records that have been confirmed</li> <li>– Verify - Allow to search for records that are verified but not yet confirmed</li> <li>– Recorded - Allow to search for records that are not yet verified and confirmed</li> </ul> |
| l | Department  | –                                                                                                                  | Allow to search by full or partial department name in facility                                                                                                                                                                                                                                                                                                                               |

**Table 3.1**



**Figure 3.1-2 Enter/Select search MRN**

#### STEP 4

Double-click on selected patient record

#### STEP 5

Click on the  button and system will generate '**ADR Reporting**' screen

| ADVERSE DRUG REACTION                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|                                                                                                                                                                                                       |  |  |  |  |                                                                                   |
|                                                                                                                                                                                                       |  |  |    |    |  |
| Address                                                                                                                                                                                                                                                                                | Phone And Email                                                                   | Diagnosis                                                                         | No known Allergies                                                                  |                                                                                     |                                                                                   |
| Height                                                                                                                                                                                                                                                                                 | cm                                                                                | Weight                                                                            | kg                                                                                  | BMI/BSA                                                                             | 0/0 m <sup>2</sup>                                                                |
| Update                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                   | (Last Updated : ) Nationality : Warganegara                                         |                                                                                     |                                                                                   |
| Upload Photo                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                   |
| ADR Demographic                                                                                                                                                                                                                                                                        |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                   |
| 1. ADR DETAILS                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                   |
| Adverse Reaction Description<br>Patient experienced swelling of lips and eyes, dry throat with sputum containing trace of blood and shortness of breath 30 minutes after taking T. Paracetamol (Brand unknown). Patient has similar reaction after taking penicillins (brand unknown). |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                   |
| <a href="#">WHO Terminology Guide</a>                                                                                                                                                                                                                                                  |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                   |
| Race                                                                                                                                                                                                                                                                                   | Chinese                                                                           | 6 Additional Information                                                          |                                                                                     | No                                                                                  |                                                                                   |
| Please Classify for Skin Reaction                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Skin Reaction                                 | Extent of Reaction                                                                |                                                                                     | 2 = Moderate                                                                        |                                                                                   |
| Date Of Reaction                                                                                                                                                                                                                                                                       | 30/09/2009 12:00 AM                                                               | Action Taken With Suspected Drug                                                  |                                                                                     | 1 = Drug Withdrawn                                                                  |                                                                                   |
| Date End Of Reaction                                                                                                                                                                                                                                                                   |                                                                                   | Reaction Subsided after stopping drug or Reducing Dose                            |                                                                                     | 3 = Unknown                                                                         |                                                                                   |
| Time To Onset Of Reaction                                                                                                                                                                                                                                                              | 30 Minutes                                                                        | Reaction reappeared after reintroducing drug                                      |                                                                                     | 3 = Unknown                                                                         |                                                                                   |
| Treatment Of Adverse Reaction                                                                                                                                                                                                                                                          | Patient claimed symptoms resolved slowly while waiting for transport to hospital. | Drug Relationship                                                                 |                                                                                     | 3 = Possible                                                                        |                                                                                   |
| Outcome                                                                                                                                                                                                                                                                                | 1 = Recovered/Resolved                                                            | WHO Causality Categories/Naranjo Algorithm                                        |                                                                                     |                                                                                     |                                                                                   |
| Seriousness                                                                                                                                                                                                                                                                            | No                                                                                |                                                                                   |                                                                                     |                                                                                     |                                                                                   |

### Figure 3.1-3 ADR Details Information

## STEP 6

Enter the information in the mandatory field in **ADR Details** section:

- a) **Adverse Reaction Description.**
- b) **Date Of Reaction**
- c) **Date End Of Reaction**
- d) **Time To Onset of Reaction**
- e) **Treatment of Adverse Reaction**
- f) **Outcome**
- g) **Seriousness**
- h) **Extent of Reaction**
- i) **Action Taken With Suspected Drug**
- j) **Reaction Subsided after stopping drug or Reducing Dose**
- k) **Reaction reappeared after reintroducing drug**
- l) **Drug Relationship**

### Note

- Non mandatory fields below can be entered if applicable
  - a) **Please Classify for Skin Reaction**
  - b) **Additional Information**
- User can refer the guideline from the link [WHO Terminology Guide](#) to enter the information in the field '**Adverse Reaction Description**'
- If “Yes” is selected for '**Additional Information**' from drop down box, another drop down box will appear with the following:
  - Brand Switching
  - Drug Interaction
  - Medication Error
  - Medication Ineffective
  - Others

- **Race** field is retrieved from patient registration.
- If “Yes” is selected for ‘**Seriousness**’ from drop down box, another drop down box will appear with the following:
  - Results In Death (if this is selected, another field will appear and user need to fill in the information of **Date of Birth, Was Autopsy Done, Autopsy Determined Cause of Death and Cause of Death**)
  - Life Threatening
  - Hospitalization/Prolong Hospitalization
  - Disability/Incapacity
  - Birth Defect



Figure 3.1-4 Skin Reaction Screen

#### Note

- If ‘**Please Classify for Skin Reaction**’ checkbox is selected, ☐ [Skin Reaction](#) hyperlink is displayed. Click on the hyperlink, system will display as shown in Figure 3.1-4. Select the checkbox and click on the  button to save the record.

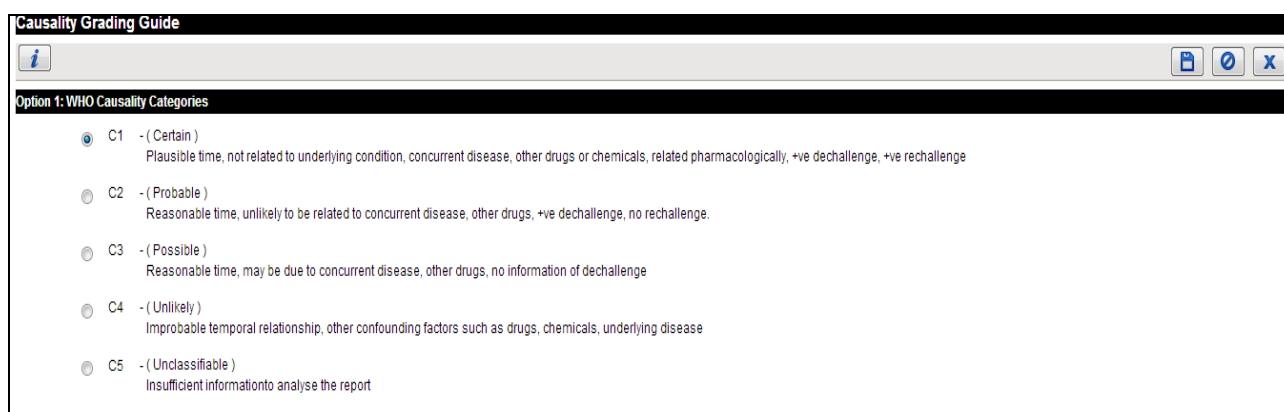


Figure 3.1-5 WHO Causality Grading

## Note

- **Drug Relationship** field is selected from drop down box or by clicking on the [WHO Causality Categories/Naranjo Algorithm](#) hyperlink. System will display the screen as shown in Figure 3.1-5 and Figure 3.1-6.
- Results selected from WHO Causality Grading will be displayed at the Drug Relationship field.

Option 2: Naranjo Algorithm

|                                                                                                               |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. Are there previous conclusive reports on this reaction?                                                    | 2. Did the adverse event appear when the suspected drug was administered?                                |
| <input checked="" type="radio"/> Yes                                                                          | <input checked="" type="radio"/> Yes                                                                     |
| <input type="radio"/> No                                                                                      | <input type="radio"/> No                                                                                 |
| <input type="radio"/> Unknown                                                                                 | <input type="radio"/> Unknown                                                                            |
| 3. Did the adverse reaction improve when the drug was discontinued or a specific antagonist was administered? | 4. Did the adverse reaction reappear when the drug was readministered?                                   |
| <input type="radio"/> Yes                                                                                     | <input checked="" type="radio"/> Yes                                                                     |
| <input checked="" type="radio"/> No                                                                           | <input type="radio"/> No                                                                                 |
| <input type="radio"/> Unknown                                                                                 | <input type="radio"/> Unknown                                                                            |
| 5. Are there alternative causes (other than the drug) that could on their own have caused the reaction?       | 6. Did the reaction reappear when a placebo was given?                                                   |
| <input type="radio"/> Yes                                                                                     | <input checked="" type="radio"/> Yes                                                                     |
| <input type="radio"/> No                                                                                      | <input type="radio"/> No                                                                                 |
| <input checked="" type="radio"/> Unknown                                                                      | <input type="radio"/> Unknown                                                                            |
| 7. Was the drug detected in the blood (or other fluids) in concentrations known to be toxic?                  | 8. Was the reaction more severe when the dose was increased, or less severe when the dose was decreased? |
| <input type="radio"/> Yes                                                                                     | <input checked="" type="radio"/> Yes                                                                     |
| <input type="radio"/> No                                                                                      | <input type="radio"/> No                                                                                 |
| <input checked="" type="radio"/> Unknown                                                                      | <input type="radio"/> Unknown                                                                            |
| 9. Did the patient have a similar reaction to the same or similar drugs in any previous exposure?             | 10. Was the adverse event confirmed by any objective evidence?                                           |
| <input type="radio"/> Yes                                                                                     | <input checked="" type="radio"/> Yes                                                                     |
| <input checked="" type="radio"/> No                                                                           | <input type="radio"/> No                                                                                 |
| <input type="radio"/> Unknown                                                                                 | <input type="radio"/> Unknown                                                                            |

Score 6

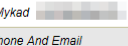
Scoring: (More than 7) Certain, (5 - 6) Possible, (3 - 4) Probable, (1- 2) Unlikely, (0) Unclassifiable

Figure 3.1-6 Naranjo Algorithm

- Naranjo Algorithm is used as a guideline only. Results from this questionnaire will not be used as the causality grading.
- Select on the radio button and click on the  button to save the record

ADVERSE DRUG REACTION

 Mykad  Age 48 Years 08 Months 12 Days Gender Male MRN 182822

Address Phone And Email Diagnosis No known Allergies

Height 173 cm Weight 65 kg BMI/BSA 21.7 / 1.77 m<sup>2</sup>  (Last Updated : 22/08/2017 ) Nationality : Warganegara

ADR Demographic

1. ADR DETAILS

2. DRUG DETAILS

|                          | MDC              | Product/Generic Name                            | Drug Type | Total daily dosage given | Frequency           | Route        | Manufacturer | Product Reg No. | Brand | Therapy Start Date | Therapy End Date |
|--------------------------|------------------|-------------------------------------------------|-----------|--------------------------|---------------------|--------------|--------------|-----------------|-------|--------------------|------------------|
| <input type="checkbox"/> | A10AB05000P3001a | Insulin aspart (Novorapid)<br>100 IU/ml Penfill |           | 1 IU                     | TDS (3 times a day) | Subcutaneous |              |                 |       | 22/08/2017         | 06/09/2017       |

3. OTHER DETAILS

Figure 3.1-7 Drug Details

## STEP 7

Click on the  button as shown in Figure 3.1-7 and 'Add Drug Detail' screen will be displayed as shown in Figure 3.1-8

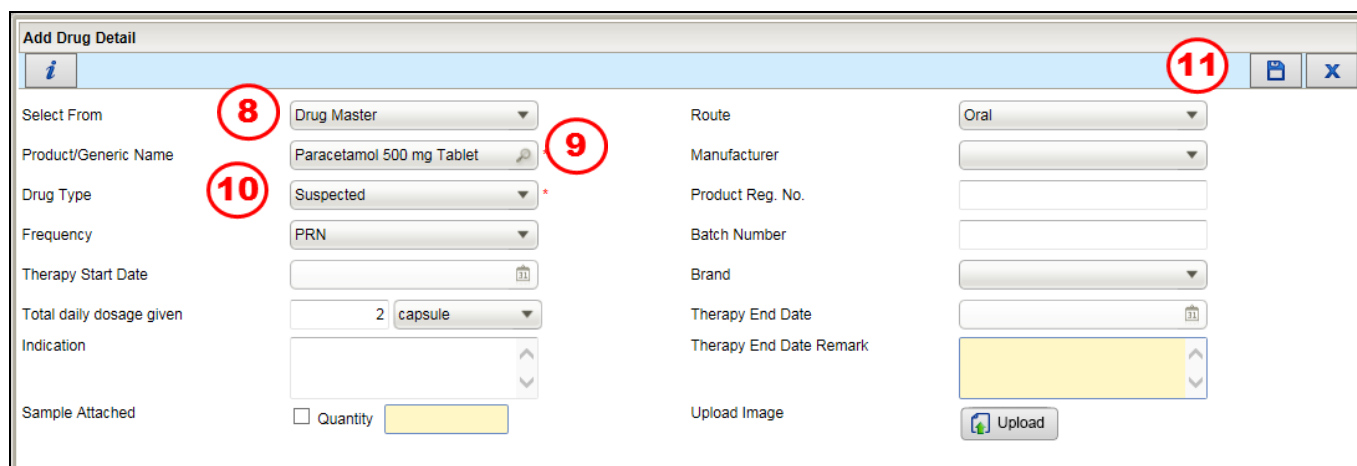


Figure 3.1-8 Add Drug Details

#### STEP 8

Select and enter from Select From drop down box:

- Drug Master
- Others

#### Note

- *Drug Master- The searching of drugs will be from the Drug Master list.*
- *Others – Free text field provided. User can record drugs which are not setup in the drug configuration file. e.g.: traditional herbs.*

#### STEP 9

Enter **Product/Generic Name**. The selection will be based on the selected criteria in the **Select From** field

#### STEP 10

Select and enter from Drug Type drop down box:

- Concomitant
- Interaction
- Suspected

#### Note

- *Enter the other optional field if applicable*
  - a) **Frequency**
  - b) **Therapy Start Date**
  - c) **Indication**
  - d) **Total daily dosage given**
  - e) **Route**
  - f) **Manufacturer**
  - g) **Product Reg No**
  - h) **Batch No**
  - i) **Brand**
  - j) **Therapy End Date**
  - k) **Therapy End Date Remarks**
  - l) **Sample Attached**
  - m) **Upload Image**
- **Select From** field = Drug Master, **Frequency** and **Route** field is displayed as drop down box.
- **Select From** field = Other, **Frequency** and **Route** field is displayed as free text fields.
- Select the checkbox **Sample Attached** and enter the quantity if sample is available from patient.

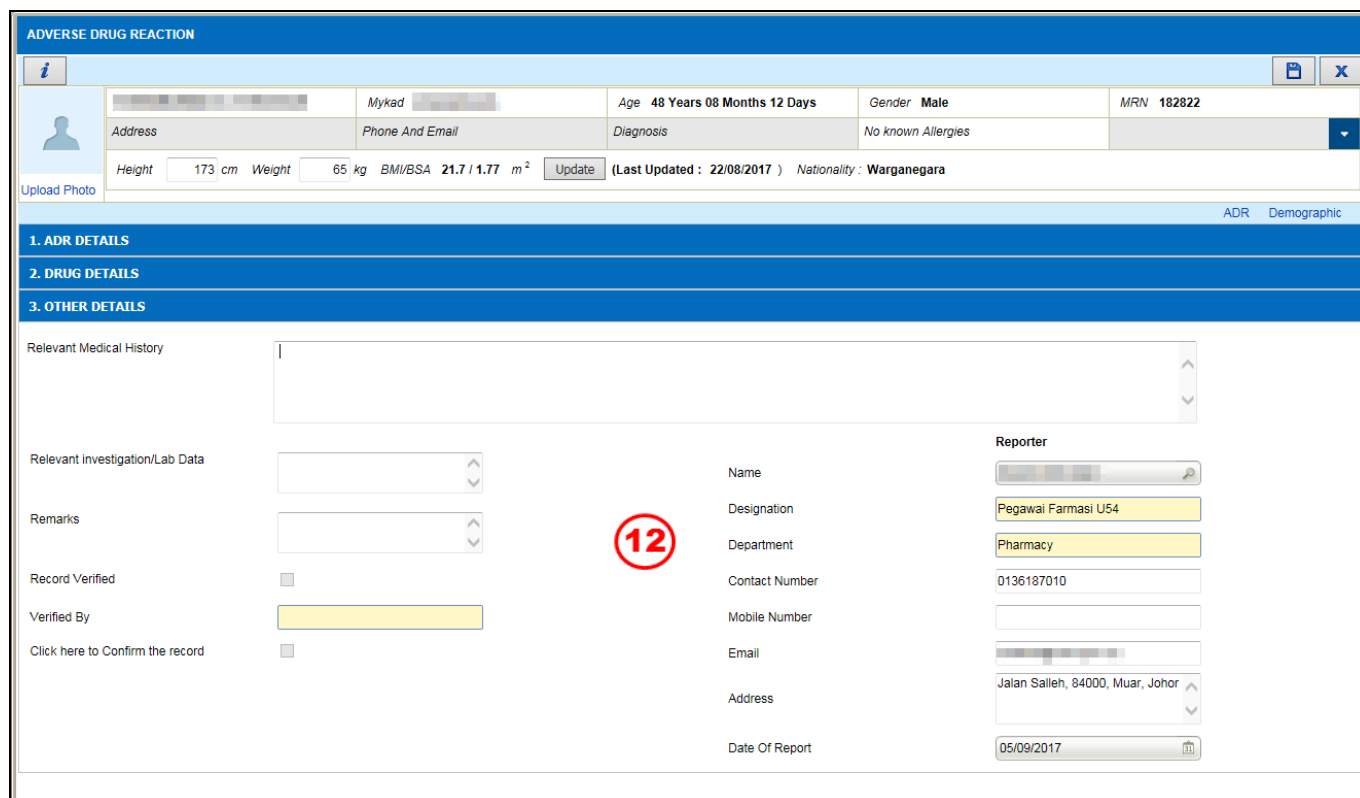
- Click on the **Upload** button to upload the image of the drug if available.

### STEP 11

Click on the  button to save the record

#### Note

User is allowed to add same drug with different dosage, frequency or route



**ADVERSE DRUG REACTION**

**Patient Information:** Mykad, Age 48 Years 08 Months 12 Days, Gender Male, MRN 182822, Address, Phone And Email, Diagnosis, No known Allergies

**Physical Characteristics:** Height 173 cm, Weight 65 kg, BMI/BSA 21.7 / 1.77 m<sup>2</sup>, Update (Last Updated : 22/08/2017), Nationality : Warganegara

**1. ADR DETAILS**

**2. DRUG DETAILS**

**3. OTHER DETAILS**

**Relevant Medical History**

**Relevant investigation/Lab Data**

**Remarks**

**Record Verified**

**Verified By**

**Click here to Confirm the record**

**Reporter**

**Name**

**Designation** Pegawai Farmasi U54

**Department** Pharmacy

**Contact Number** 0136187010

**Mobile Number**

**Email**

**Address** Jalan Salleh, 84000, Muar, Johor

**Date Of Report** 05/09/2017

Figure 3.1-9 Other Details

### STEP 12

Enter the information for below if applicable:

- Relevant investigation Lab Data
- Relevant Medical History
- Remarks
- Mobile Number
- Date Of Report

#### Note

Fields of Reporter section that will be extracted automatically from the user account are:

- Name
- Designation
- Department
- Contact Number
- Email
- Address

|                                  |                                               |
|----------------------------------|-----------------------------------------------|
| Record Verified                  | <b>13</b> <input checked="" type="checkbox"/> |
| Verified By                      | <input type="text"/>                          |
| Click here to Confirm the record | <b>14</b> <input checked="" type="checkbox"/> |

Figure 3.1-10 Record Verified

#### STEP 13

Select the **Record Verified** checkbox to verify the record. Once the checkbox is selected, adding and editing of data are not allowed

#### STEP 14

Click on the **Click here to Confirm the record** checkbox then print the form to send the form to NPCB

| ADVERSE DRUG REACTION                                           |                 |                                |                          |                           |  |
|-----------------------------------------------------------------|-----------------|--------------------------------|--------------------------|---------------------------|--|
|                                                                 | Mykad           | Age 29 Years 09 Months 07 Days | Gender Male              | MRN                       |  |
| Address                                                         | Phone And Email | Diagnosis                      | No known Allergies       |                           |  |
| Height  cm                                                      | Weight  kg      | BMI/BSA 0/0 m <sup>2</sup>     | Update (Last Updated : ) | Nationality : Warganegara |  |
| <div> <div>Upload Photo</div> <div>ADR Demographic</div> </div> |                 |                                |                          |                           |  |
| 1. ADR DETAILS                                                  |                 |                                |                          |                           |  |
| 2. DRUG DETAILS                                                 |                 |                                |                          |                           |  |
| 3. OTHER DETAILS                                                |                 |                                |                          |                           |  |

Figure 3.1-11 Save Record

#### STEP 15

Click on the  button to save the record

#### Note

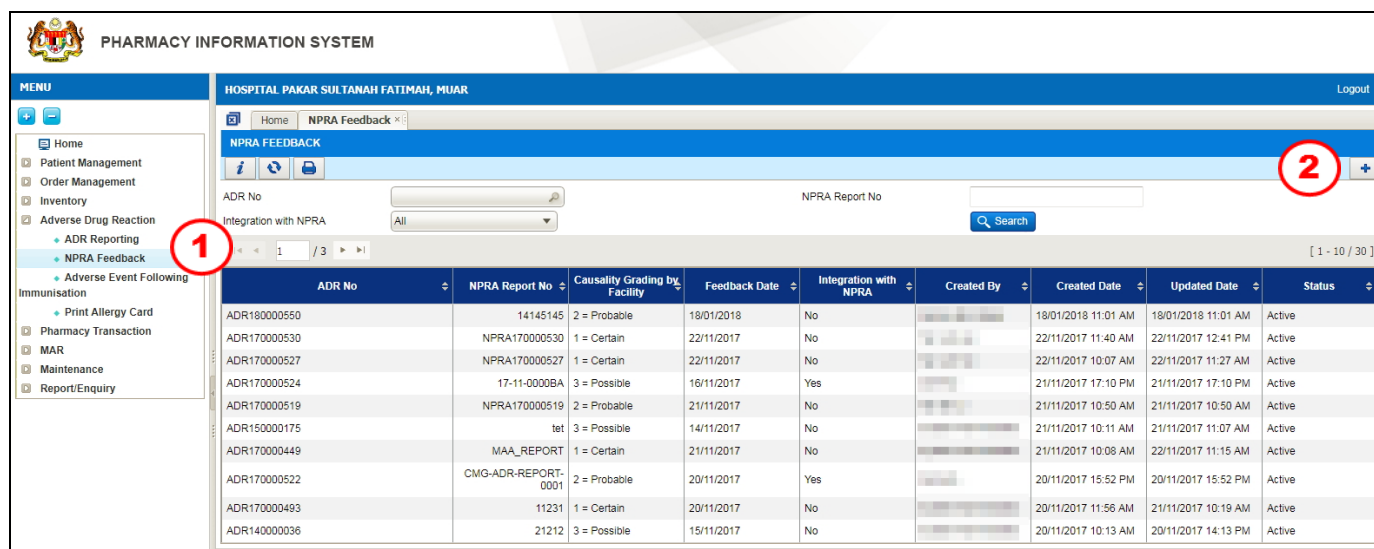
- Click on the  button to print the ADR Report as Figure 3.1-12
- Click on the  button to close the transaction

| <b>REPORT ON SUSPECTED ADVERSE DRUG REACTION</b><br><b>NATIONAL CENTRE FOR ADVERSE DRUG REACTION MONITORING</b><br><i>www.bpfk.gov.my</i>                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|-------------------------------------------|-----------------------------------------|---------------|------------|-----------------|
| (Please report <b>all</b> suspected drug reaction including those for vaccines and traditional medicines. Do not hesitate to report if some details are not known. Identities of Reporter, Patient and Institution will remain <b>Confidential</b> .)<br>REPORT No. .... (for office use only)                                                                                                                                                                                                          |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |
| <b>PATIENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |
| R/N or Initials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Age                                       | Sex                                                                                                      | Wt                                               | Ethnic Group                                       | Institution                               |                                         |               |            |                 |
| HPSF00071539                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 35 Years 04 Months<br>22 Days             | Female                                                                                                   |                                                  | Malay                                              | Hospital Pakar Sultanah Fatimah, Muar     |                                         |               |            |                 |
| <b>ADVERSE REACTION DESCRIPTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |
| Patient came to KLWP department on 15/9/17 with the complain of normal rashes. At KLWP, Dr gave Cloxacillin Capsule 1000mg QID, Tablet Diclofenac Sodium 50 mg TDS for the pain and Tablet paracetamol 1000mg QID. Few mins after taking, patient appeared to have rashes around the neck, body, armpits and at the upper limbs. A day later, blisters appeared around the neck & body. Patient was then treated with IV Hydrocortisone 200 mg STAT on 22/9. Patient rashes and blister resolving soon. |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |
| Additional Information :<br>Skin Reaction :<br>Please specify Part of Body Affected :                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |
| Time to onset of reaction :                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5 Minutes                                 | Date of reaction                                                                                         | 15/09/2017                                       | Date end of reaction :                             | 25/10/2017                                |                                         |               |            |                 |
| Reaction subsided after stopping drug/reducing dose :                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           | Yes <input type="checkbox"/>                                                                             | No <input type="checkbox"/>                      | Unknown <input checked="" type="checkbox"/>        |                                           |                                         |               |            |                 |
| Reaction reappeared after reintroducing drug :                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | Yes <input type="checkbox"/>                                                                             | No <input type="checkbox"/>                      | Not applicable <input checked="" type="checkbox"/> |                                           |                                         |               |            |                 |
| Extent of reaction :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | Mild <input type="checkbox"/>                                                                            | Moderate <input checked="" type="checkbox"/>     | Severe <input type="checkbox"/>                    |                                           |                                         |               |            |                 |
| Treatment of adverse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | 1)Hydrocortisone Sodium Succinate Injection 200mg STAT<br>2)Chlorpheniramine 10mg/ml Injection 10mg STAT |                                                  |                                                    |                                           |                                         |               |            |                 |
| Outcome :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Recovered <input type="checkbox"/>        | Recovering <input checked="" type="checkbox"/>                                                           | Recovered With Sequelae <input type="checkbox"/> | Not Recovered <input type="checkbox"/>             | Unknown <input type="checkbox"/>          |                                         |               |            |                 |
| Seriousness:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Life Threatening <input type="checkbox"/> | Hospitalization / Prolong Hospitalization <input checked="" type="checkbox"/>                            | Disability / Incapacity <input type="checkbox"/> | Birth Defect <input type="checkbox"/>              | Results In Death <input type="checkbox"/> | - Date of death: .....                  |               |            |                 |
| Drug Reaction Relationship                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           | Certain <input type="checkbox"/>                                                                         | Probable <input type="checkbox"/>                | Possible <input checked="" type="checkbox"/>       | Unlikely <input type="checkbox"/>         | Unclassifiable <input type="checkbox"/> |               |            |                 |
| <b>Suspected Drug :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |
| Products/Generic Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dosage Given                              | Route                                                                                                    | Frequency                                        | Manufacturer                                       | Product Reg. No.                          | Batch No.                               | Therapy Dates |            | Indication      |
| Paracetamol 500 mg Tablet                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 tablet                                  | Oral                                                                                                     | TDS (3 times a day)                              | CCM Pharmaceuticals Sdn. Bhd.                      |                                           | bm v                                    | 22/09/2017    | 29/09/2017 |                 |
| <b>Concomitant Drug :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |
| Products/Generic Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dosage Given                              | Route                                                                                                    | Frequency                                        | Manufacturer                                       | Product Reg. No.                          | Batch No.                               | Therapy Dates |            | Indication      |
| Cloxacillin 500mg Capsule                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4000 mg                                   | Oral                                                                                                     | QID (4 times a day)                              | Dynapharm (M) Sdn Bhd                              | 17c0751                                   |                                         | 15/09/2017    | 22/09/2017 |                 |
| Calamine Lotion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 app                                     | LA                                                                                                       | PRN                                              |                                                    |                                           |                                         | 22/09/2017    | 29/09/2017 |                 |
| Hydrocortisone Sodium Succinate 100mg Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100 mg                                    | Intravenous                                                                                              | QID (4 times a day)                              |                                                    |                                           |                                         | 22/09/2017    | 29/09/2017 |                 |
| Diclofenac Sodium 50 mg Tablet                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 150 mg                                    | Oral                                                                                                     | TDS (3 times a day)                              |                                                    |                                           |                                         | 15/09/2017    | 20/09/2017 | For pain relief |
| <b>Interaction Drug :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |
| ** Please attach further papers if necessary                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |
| Relevant Investigations/Laboratory Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                                                                                          |                                                  |                                                    | Relevant Medical History                  |                                         |               |            |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                          |                                                  |                                                    | NKMI                                      |                                         |               |            |                 |
| <b>Reporter</b><br>Name: Ko Wei Cheng Address :Jalan Salleh, ,<br>Designation : Pegawai Farmasi U41 Tel No :638<br>Email Address : weichengko@hotmail.com Date of Report :25/09/2017 Signature :                                                                                                                                                                                                                                                                                                        |                                           |                                                                                                          |                                                  |                                                    |                                           |                                         |               |            |                 |

Figure 3.1-12 ADR Report

### 3.2 NPRA Feedback

The function of this menu is to record any feedback from NPRA into the system



| ADR No       | NPRA Report No      | Causality Grading by Facility | Feedback Date | Integration with NPRA | Created By | Created Date        | Updated Date        | Status |
|--------------|---------------------|-------------------------------|---------------|-----------------------|------------|---------------------|---------------------|--------|
| ADR180000550 | 14145145            | 2 = Probable                  | 18/01/2018    | No                    |            | 18/01/2018 11:01 AM | 18/01/2018 11:01 AM | Active |
| ADR170000530 | NPRA170000530       | 1 = Certain                   | 22/11/2017    | No                    |            | 22/11/2017 11:40 AM | 22/11/2017 12:41 PM | Active |
| ADR170000527 | NPRA170000527       | 1 = Certain                   | 22/11/2017    | No                    |            | 22/11/2017 10:07 AM | 22/11/2017 11:27 AM | Active |
| ADR170000524 | 17-11-0000BA        | 3 = Possible                  | 16/11/2017    | Yes                   |            | 21/11/2017 17:10 PM | 21/11/2017 17:10 PM | Active |
| ADR170000519 | NPRA170000519       | 2 = Probable                  | 21/11/2017    | No                    |            | 21/11/2017 10:50 AM | 21/11/2017 10:50 AM | Active |
| ADR150000175 | tet                 | 3 = Possible                  | 14/11/2017    | No                    |            | 21/11/2017 10:11 AM | 21/11/2017 11:07 AM | Active |
| ADR170000449 | MAA-REPORT          | 1 = Certain                   | 21/11/2017    | No                    |            | 21/11/2017 10:08 AM | 22/11/2017 11:15 AM | Active |
| ADR170000522 | CMG-ADR-REPORT-0001 | 2 = Probable                  | 20/11/2017    | Yes                   |            | 20/11/2017 15:52 PM | 20/11/2017 15:52 PM | Active |
| ADR170000493 | 11231               | 1 = Certain                   | 20/11/2017    | No                    |            | 20/11/2017 11:56 AM | 21/11/2017 10:19 AM | Active |
| ADR140000036 | 21212               | 3 = Possible                  | 15/11/2017    | No                    |            | 20/11/2017 10:13 AM | 20/11/2017 14:13 PM | Active |

Figure 3.2-1 NPRA Feedback

#### Note

Search for NPRA Feedback record by below criteria:-

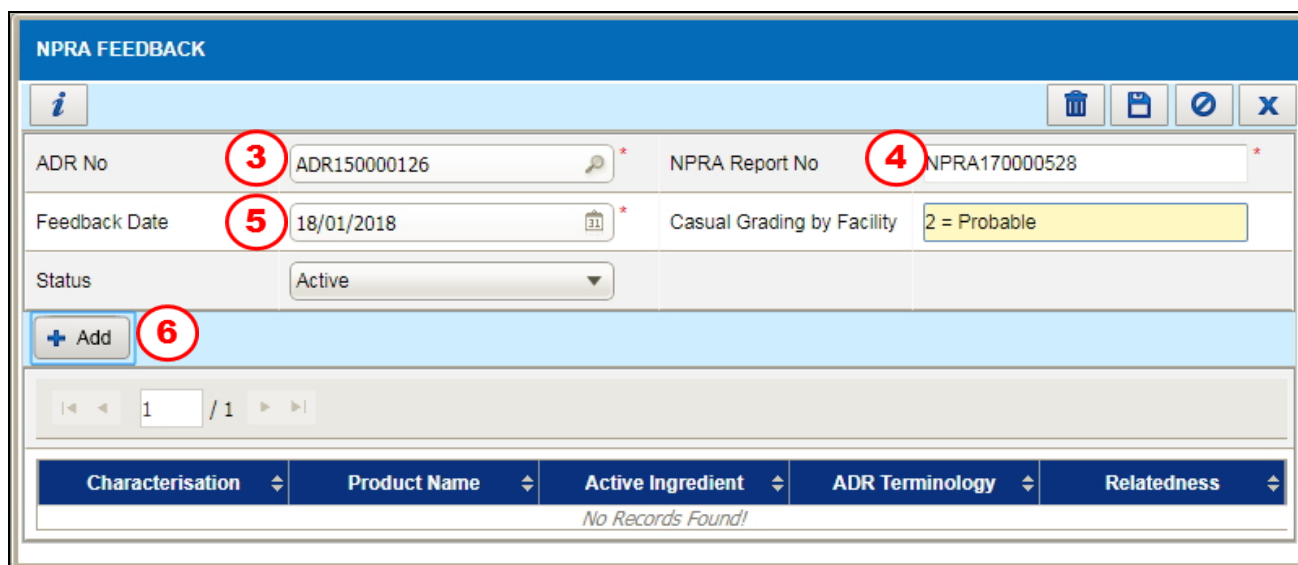
| No | Field                 | Description                                           | Remark                                                                                                                                         |
|----|-----------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| a  | ADR No                | Search by selecting a number from ADR No              | Allow user to search existing transaction based on ADR No                                                                                      |
| b  | NPRA Report No        | Search by entering NPRA Report No                     | Allow user to search existing transaction based on NPRA Report No                                                                              |
| c  | Integration with NPRA | Select from drop down menu:<br>- All<br>- Yes<br>- No | All – allow to search all transaction<br>Yes – allow to search data that synchronized from NPRA<br>No – allow to search data recording by user |

#### STEP 1

Click on the 'Adverse Drug Reaction' menu follow by 'NPRA Feedback' sub menu

#### STEP 2

Click on the  button and NPRA Feedback screen will be displayed as Figure 3.2-2



**NPRA FEEDBACK**

ADR No **3** ADR150000126 \* NPRA Report No **4** NPRA170000528 \*

Feedback Date **5** 18/01/2018 \* Casual Grading by Facility 2 = Probable

Status Active

**6** + Add

1 / 1

Characterisation Product Name Active Ingredient ADR Terminology Relatedness

No Records Found!

Figure 3.2-2 NPRA Feedback

### STEP 3

Select **ADR No** from the  search button

### Note

**Casual Grading by Facility** will auto displayed based on the value recorded in ADR Reporting

### STEP 4

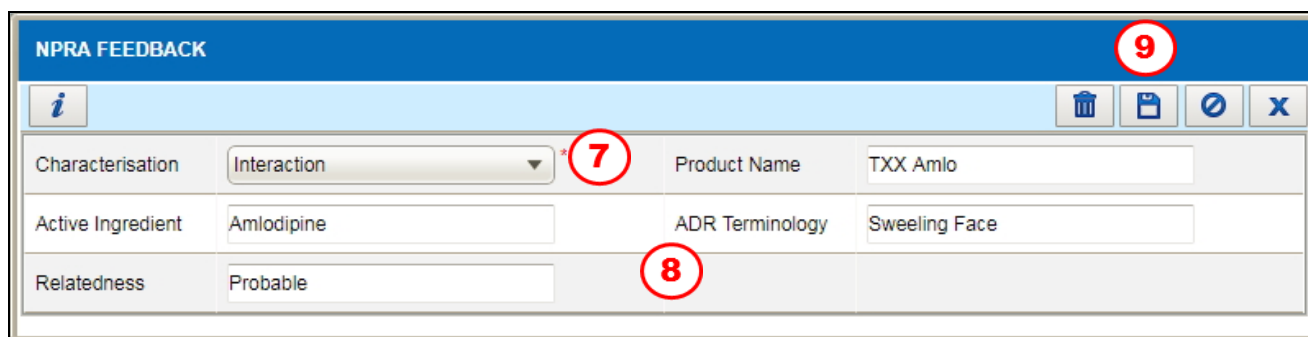
Enter **NPRA Report No**

### STEP 5

Select **Feedback Date**

### STEP 6

Click on the  button and NPRA Feedback screen will be displayed as Figure 3.2-3



**NPRA FEEDBACK** **9**

Characterisation Interaction \* **7** Product Name TXX Amlo

Active Ingredient Amlodipine ADR Terminology Sweeling Face

Relatedness Probable **8**

Figure 3.2-3 NPRA Feedback

### STEP 7

Select **Characterisation** from drop down menu:

- Concomitant
- Interaction
- Suspected

### STEP 8

Enter value in below field (if applicable):

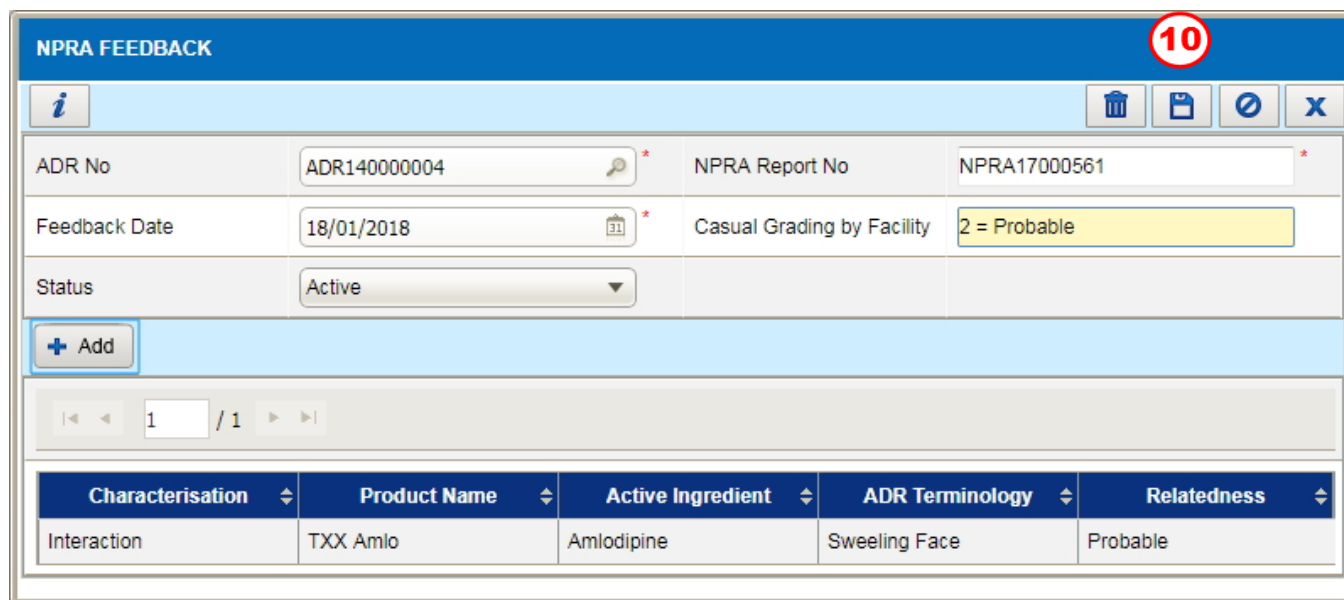
- **Active Ingredient**
- **Product Name**
- **ADR Terminology**
- **Relatedness**

### STEP 9

Click on the  button to save the record

### Note

Record will be updated as shown in Figure 3.2-4



**NPRA FEEDBACK**

ADR No: ADR140000004 \* NPRA Report No: NPRA17000561 \*

Feedback Date: 18/01/2018 \* Casual Grading by Facility: 2 = Probable

Status: Active

+ Add

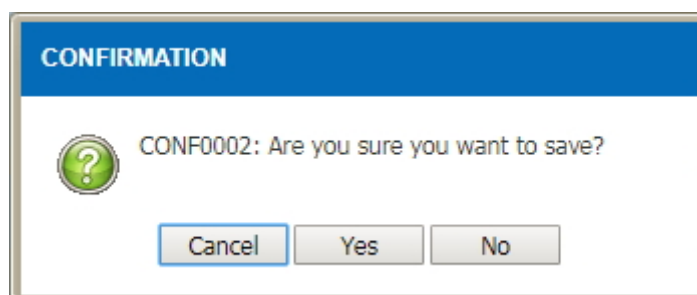
1 / 1

| Characterisation | Product Name | Active Ingredient | ADR Terminology | Relatedness |
|------------------|--------------|-------------------|-----------------|-------------|
| Interaction      | TXX Amlo     | Amlodipine        | Sweeling Face   | Probable    |

Figure 3.2-4 NPRA Feedback

### STEP 10

Click on the  button to save the NPRA Feedback and confirmation message will be displayed as Figure 3.2-5



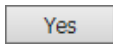
**CONFIRMATION**

CONF0002: Are you sure you want to save?

Cancel Yes No

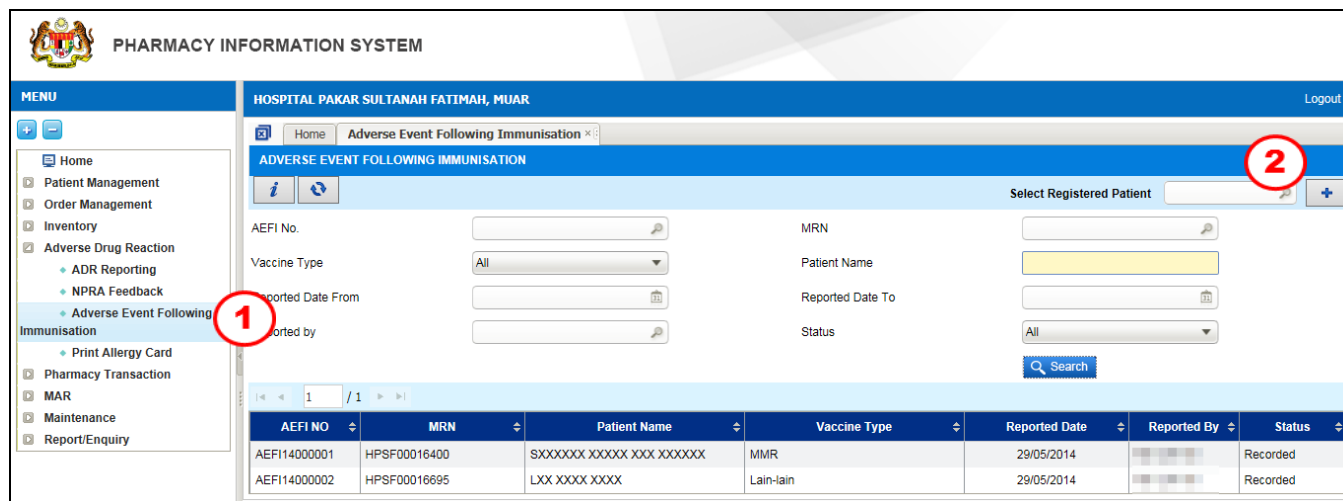
Figure 3.2-5 Confirmation Message

### Note

Click on the  button so save the record

### 3.3 Adverse Event Following Immunization

The function of this menu is to record any vaccine reaction of the patient



**PHARMACY INFORMATION SYSTEM**

**HOSPITAL PAKAR SULTANAH FATIMAH, MUAR** Logout

Home Adverse Event Following Immunisation

**ADVERSE EVENT FOLLOWING IMMUNISATION**

Select Registered Patient

AEFI No. MRN

Vaccine Type All Patient Name

Reported Date From Reported Date To

Reported by Status

Search

| AEFI NO      | MRN          | Patient Name             | Vaccine Type | Reported Date | Reported By | Status   |
|--------------|--------------|--------------------------|--------------|---------------|-------------|----------|
| AEFI14000001 | HPSF00016400 | SXXXXXX XXXXX XXX XXXXXX | MMR          | 29/05/2014    |             | Recorded |
| AEFI14000002 | HPSF00016695 | LXX XXXX XXXX            | Lain-lain    | 29/05/2014    |             | Recorded |

Figure 3.3-1 Adverse Event Following Immunisation Listing Page

#### Note

Search for AEFI record by below criteria:-

| No | Field              | Description                                                                                                                                                                                                                              | Remark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a  | AEFI No            | –                                                                                                                                                                                                                                        | Allow to search record by full or partial AEFI No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| b  | MRN                | Patient MRN                                                                                                                                                                                                                              | Allow to search patient by full or partial MRN No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| c  | Vaccine Type       | <ul style="list-style-type: none"> <li>All</li> <li>Diphtheria/Tetanus/Pertussis</li> <li>Diphtheria/Tetanus/Pertussis/Poliomyelitis</li> <li>Hepatitis B</li> <li>Human Papillomavirus (HPV)</li> <li>Lain-lain</li> <li>MMR</li> </ul> | <ul style="list-style-type: none"> <li>All – Allow to search from criteria Diphtheria/Tetanus/Pertussis until MMR</li> <li>Diphtheria/Tetanus/Pertussis – Allow to search Diphtheria/Tetanus/Pertussis vaccine type</li> <li>Diphtheria/Tetanus/Pertussis/Poliomyelitis-Allow to search Diphtheria/Tetanus/ Pertussis/ Poliomyelitis vaccine type</li> <li>Hepatitis B – Allow to search Hepatitis B vaccine type</li> <li>Human Papillomavirus (HPV) - Allow to search Human Papillomavirus (HPV) vaccine type</li> <li>Lain-lain – Allow to search vaccine which not classified</li> <li>MMR – Allow to search MMR vaccine type</li> </ul> |
| d  | Reported Date From | –                                                                                                                                                                                                                                        | Allow to search date before current date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| e  | Reported Date To   | –                                                                                                                                                                                                                                        | Allow to search date later than date on Reported Date From field                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| f  | Reported By        | User Login Name                                                                                                                                                                                                                          | Allow to search by full or partial User Login Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| g  | Status             | <ul style="list-style-type: none"> <li>All</li> <li>Recorded</li> <li>Submitted</li> </ul>                                                                                                                                               | <ul style="list-style-type: none"> <li>All - Allow to search record by status Recorded and Submitted</li> <li>Recorded - Allow to search for records that are saved but not yet confirmed</li> <li>Submitted - Allow to search for records that are saved and confirmed</li> </ul>                                                                                                                                                                                                                                                                                                                                                           |

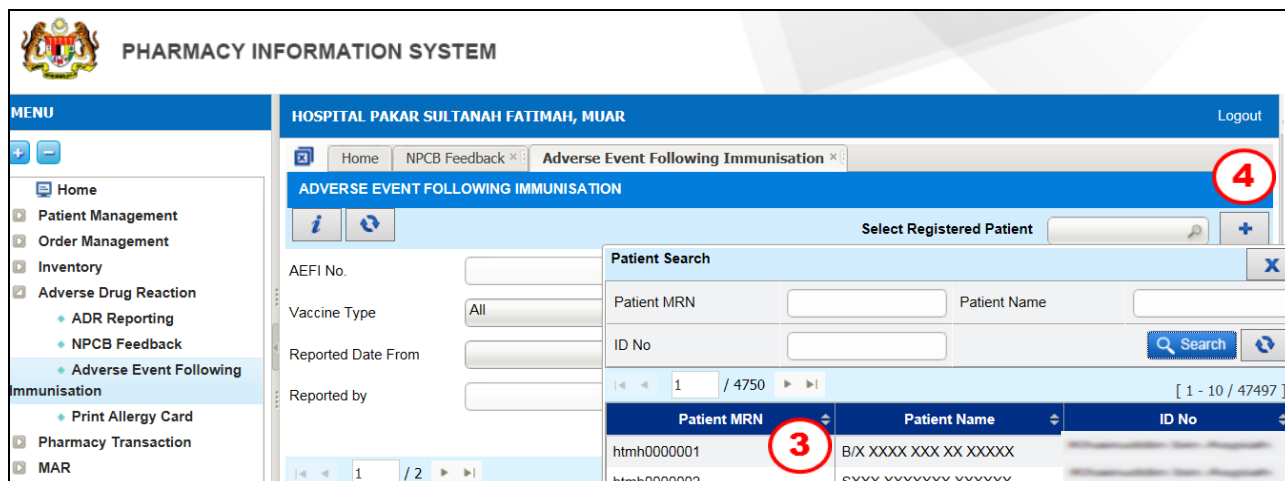
Table 3.3

#### STEP 1

Select 'Adverse Drug Reaction' menu follow by 'Adverse Event Following Immunisation' sub menu

## STEP 2

Click on the  button to create new patient record



**PHARMACY INFORMATION SYSTEM**

**HOSPITAL PAKAR SULTANAH FATIMAH, MUAR** Logout

Home NPCB Feedback Adverse Event Following Immunisation

**ADVERSE EVENT FOLLOWING IMMUNISATION**

Select Registered Patient 

AEFI No. Vaccine Type All Reported Date From Reported by

**Patient Search**

Patient MRN Patient Name ID No

Search

1 / 4750 [ 1 - 10 / 47497 ]

| Patient MRN | Patient Name          | ID No |
|-------------|-----------------------|-------|
| htmh0000001 | B/X XXXX XXX XX XXXXX |       |
| htmh0000002 | SXXX XXXXXXX XXXXXX   |       |

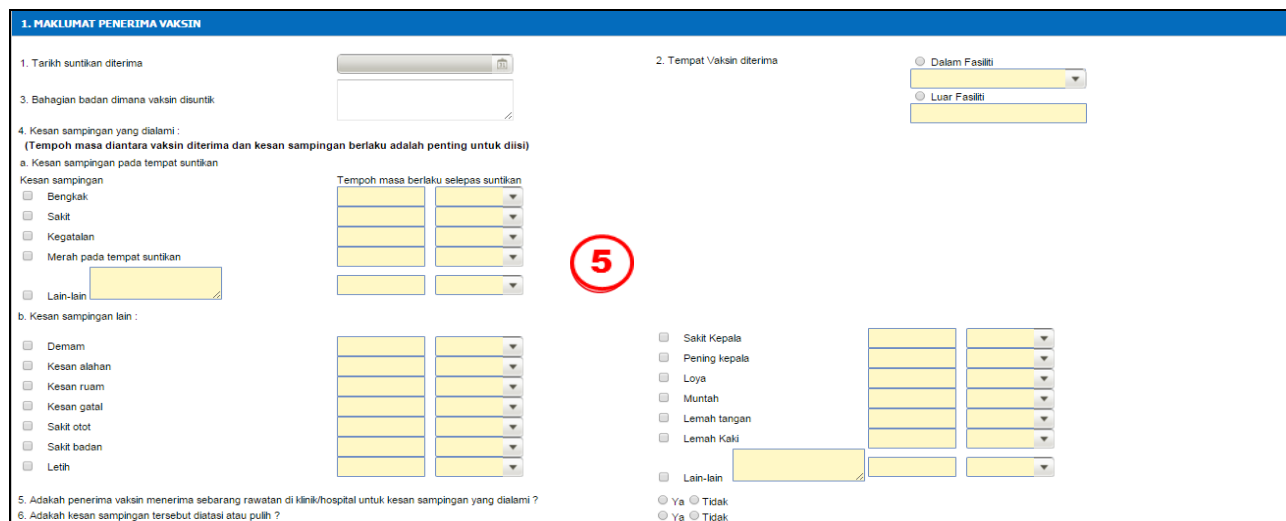
Figure 3.3-2 Select Registered Patient

## STEP 3

Select patient record

## STEP 4

Click on the  button to begin recording Adverse Event Following Immunisation for the selected MRN



**1. MAKLUMAT PENERIMA VAKSIN**

1. Tarikh suntikan diterima

2. Tempat Vaksin diterima

3. Bahagian badan dimana vaksin disuntik

4. Kesan sampingan yang dialami :  
(Tempoh masa diantara vaksin diterima dan kesan sampingan berlaku adalah penting untuk diisi)

a. Kesan sampingan pada tempat suntikan

Kesan sampingan

Tempoh masa berlaku selepas suntikan

Bengkak Sakit Kegatalan Merah pada tempat suntikan Lain-lain

b. Kesan sampingan lain :

Demam Kesan alahan Kesan ruam Kesan gatal Sakit otot Sakit badan Letih

Sakit Kepala Pening kepala Loya Muntah Lemah tangan Lemah Kaki Lain-lain

5. Adakah penerima vaksin menerima sebarang rawatan di klinik/hospital untuk kesan sampingan yang dialami ?

6. Adakah kesan sampingan tersebut diatasi atau pulih ?

Figure 3.3-3 Maklumat Penerima Vaksin

## STEP 5

Enter the information in Maklumat Penerima Vaksin section based on 6 main question if applicable:

1. Tarikh suntikan diterima
2. Tempat Vaksin diterima
3. Bahagian badan dimana vaksin disuntik
4. Kesan sampingan yang dialami
5. Adakah penerima vaksin menerima sebarang rawatan di klinik/hospital untuk kesan sampingan yang dialami

6. Adakah kesan sampingan tersebut diatasi atau pulih

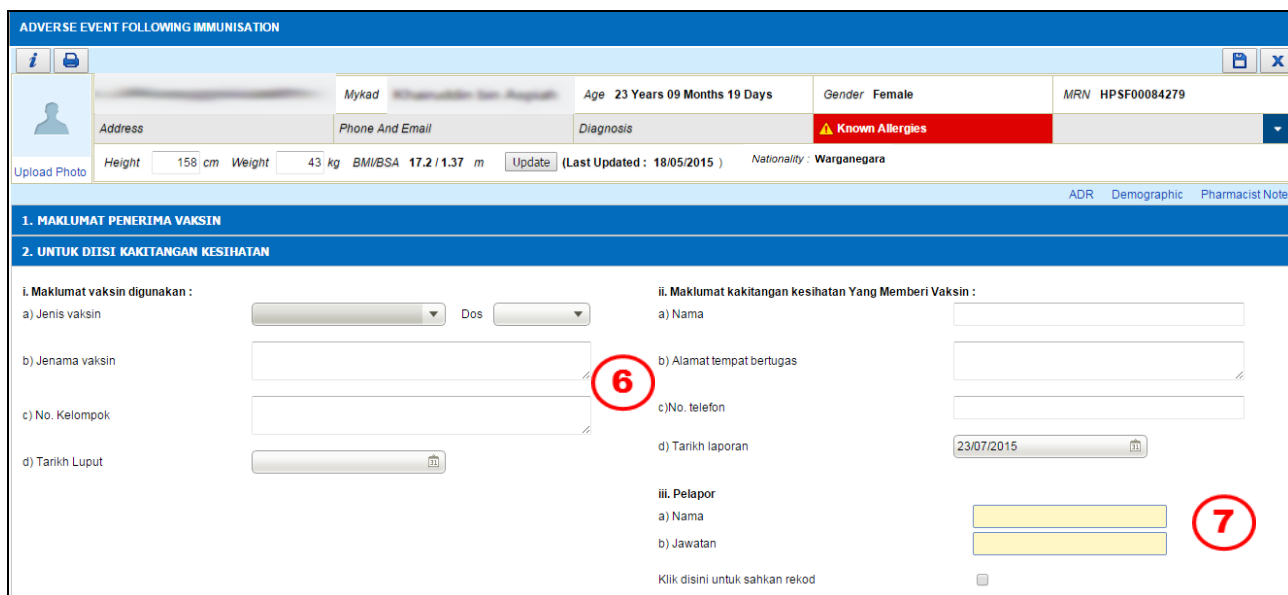


Figure 3.3-4 Untuk Diisi Kakitangan Kesihatan

**STEP 6**

Enter the information in Diisi Kakitangan Kesihatan section based on 2 sub sections below:

- i. Maklumat vaksin digunakan
  - a) Jenis vaksin
  - b) Jenama vaksin
  - c) No. Kelompok
  - d) Tarikh Luput
- ii. Maklumat kakitangan kesihatan Yang Memberi Vaksin
  - a) Nama
  - b) Alamat tempat bertugas
  - c) No. telefon
  - d) Tarikh Laporan

**STEP 7**

Click on the checkbox 'Click here to confirm the record' to complete the report

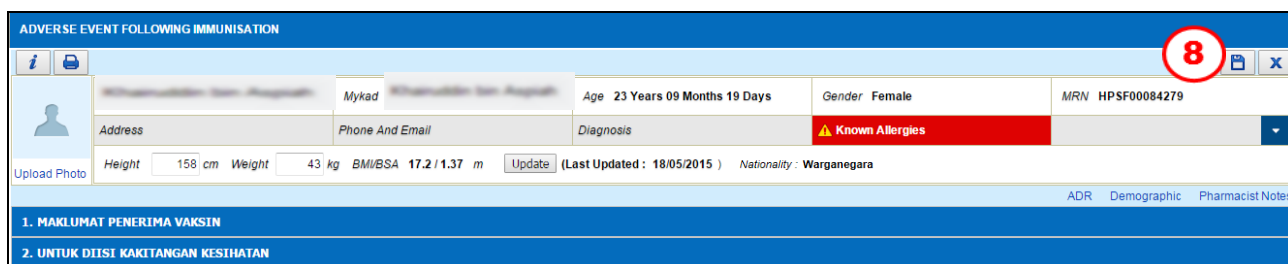


Figure 3.3-5 Save Record

## STEP 8

Click on the  button to save all the information

### Note

- Click on the  button to print the Report as Figure 3.3-6
- Click on the  button to close the transaction



**BORANG PEMANTAUAN KESAN SAMPINGAN RINGAN SELEPAS PELALIAN**  
(Untuk Diisi Oleh Penerima Vaksin/Waris)

Pindaan-3

Pada kebiasaannya suntikan vaksin tidak menyebabkan kesan sampingan. Walau bagaimana pun sekiranya anda atau orang yang berada di bawah jagaan anda mengalami kesan sampingan selepas mendapat suntikan pelalian sila isi borang ini dan kembalikan kepada kakitangan institusi kesihatan tempat vaksin diterima.

Nama klinik/sekolah/lain-lain tempat dimana vaksin Hospital Pakar Sultanah Fatimah, Muar

1. Maklumat Penerima Vaksin :-

a) Nama :  

b) Umur : 31 Years 09 Months 15 Days      e) No. Tel :

c) Jantina : ☒ Lelaki    ☐ Perempuan      f) Bangsa: ☐ Melayu    ☐ Cina    ☐ India      Lain-lain, Nyatakan :

d) Alamat rumah : Hospital Pakar Sultanah Fatimah, Muar

2. Tarikh suntikan diterima : 03/08/2017      3. Bahagian badan dimana vaksin disuntik : arm

4. Kesan Sampingan yang dialami :-

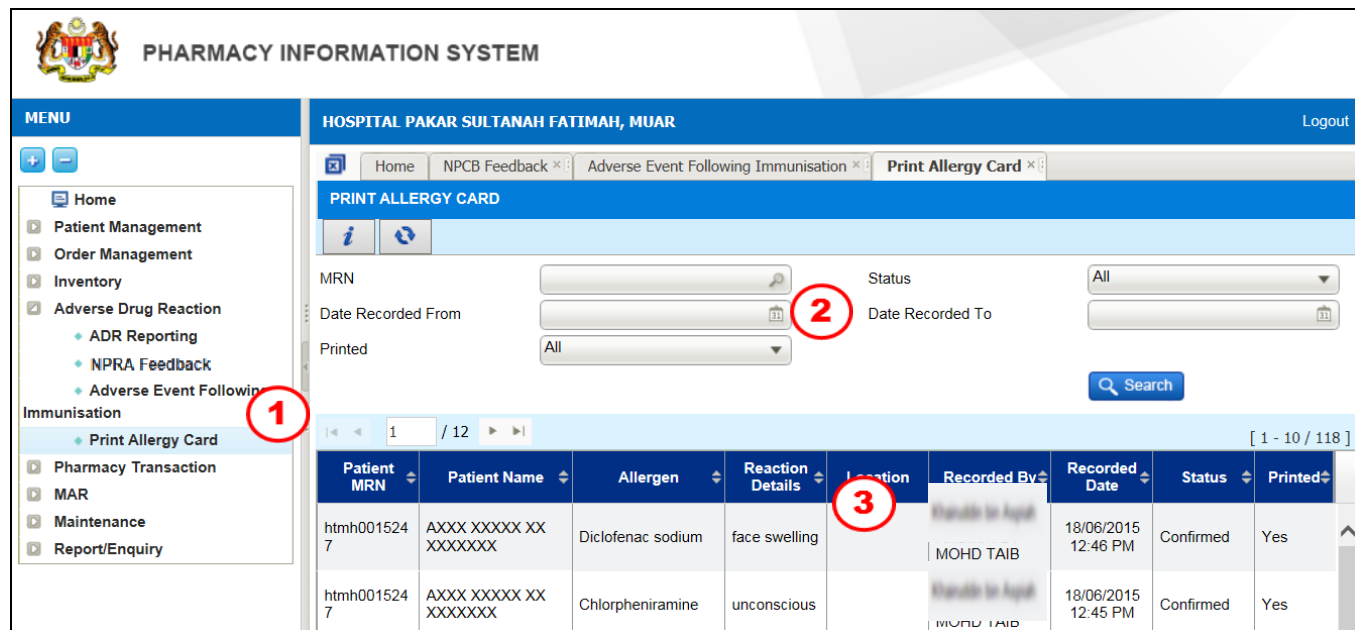
( Tempoh masa diantara vaksin diterima dan kesan sampingan berlaku adalah penting untuk diisi )

| Kesan Sampingan                        | Tandakan | ✓ jika berkaitan                    | Tempoh masa diantara vaksin diterima dan kesan sampingan berlaku (*potong yang tidak berkaitan) |
|----------------------------------------|----------|-------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>a. Kesan pada tempat suntikan :</b> |          |                                     |                                                                                                 |
| i) Bengkak                             |          | <input checked="" type="checkbox"/> | 10 Minit                                                                                        |
| ii) Sakit                              |          | <input type="checkbox"/>            |                                                                                                 |
| iii) Kegatalan                         |          | <input type="checkbox"/>            |                                                                                                 |
| iv) Merah pada tempat suntikan         |          | <input type="checkbox"/>            |                                                                                                 |
| v) Lain-lain (nyatakan)                |          | <input type="checkbox"/>            |                                                                                                 |
| <b>b. Demam</b>                        |          | <input checked="" type="checkbox"/> | 10 Minit                                                                                        |
| <b>c. Kesan alahan/ruam/gatal*</b>     |          | <input type="checkbox"/>            | - / - / -                                                                                       |

Figure 3.3-6 Report

### 3.4 Print Allergy Card

The function of this menu is to print an allergy card for the patient



**PHARMACY INFORMATION SYSTEM**

**HOSPITAL PAKAR SULTANAH FATIMAH, MUAR** Logout

Home NPCB Feedback Adverse Event Following Immunisation **Print Allergy Card**

**PRINT ALLERGY CARD**

MRN: [Input Field] Status: All

Date Recorded From: [Input Field] Date Recorded To: [Input Field]

Printed: All

**Search**

1 / 12 [1 - 10 / 118]

| Patient MRN | Patient Name           | Allergen          | Reaction Details | Location | Recorded By | Recorded Date       | Status    | Printed |
|-------------|------------------------|-------------------|------------------|----------|-------------|---------------------|-----------|---------|
| htmh0015247 | AXXX XXXXX XX XXXXXXXX | Diclofenac sodium | face swelling    |          | MOHD TAIB   | 18/06/2015 12:46 PM | Confirmed | Yes     |
| htmh0015247 | AXXX XXXXX XX XXXXXXXX | Chlorpheniramine  | unconscious      |          | MOHD TAIB   | 18/06/2015 12:45 PM | Confirmed | Yes     |

**Figure 3.4-1 Print Allergy Card Listing Page**

#### STEP 1

Select on 'Adverse Drug Reaction' menu followed by 'Print Allergy Card' sub menu

#### STEP 2

Search for the patient by below criteria:

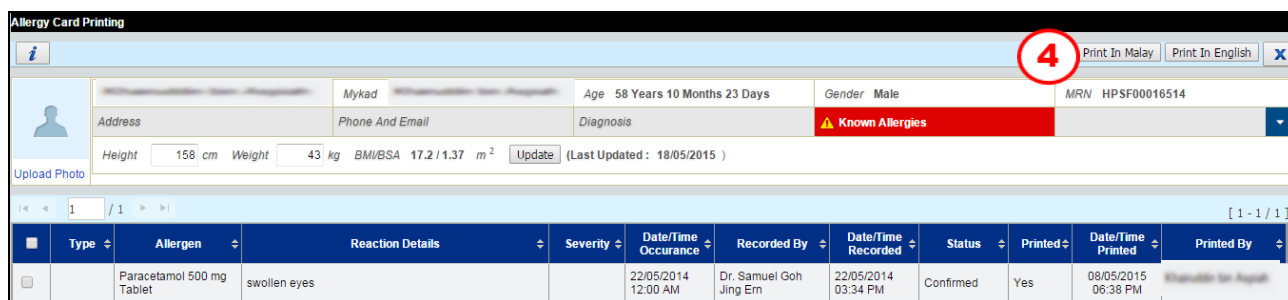
| No | Field               | Description                                                                                                                  | Remark                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----|---------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a  | MRN                 | Patient MRN                                                                                                                  | Allow to search patient by full or partial MRN No                                                                                                                                                                                                                                                                                                                                                                                                                              |
| b  | Status              | <ul style="list-style-type: none"> <li>All</li> <li>Confirmed</li> <li>Pending for Confirmation</li> <li>To Print</li> </ul> | <ul style="list-style-type: none"> <li>All - Allow to search records by status Confirmed, Pending for Confirmation and To Print</li> <li>Confirmed - Allow to search records of patients with confirmed drug allergy</li> <li>Pending For Confirmation - Allow to search records of patient with drug allergy that is pending confirmation</li> <li>To Print - Allow to search records of patient with confirmed drug allergy where allergy cars is not printed yet</li> </ul> |
| c  | Date Occurance From | —                                                                                                                            | Allow to search date before current date                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| d  | Date Occurance To   | —                                                                                                                            | Allow to search date later than date on Date Occurance From field                                                                                                                                                                                                                                                                                                                                                                                                              |

**Table 3.4-1**

Click on the  button and the system will display all related records

### STEP 3

Double-click on record then select the checkbox as shown in Figure 3.4-1



| Type                     | Allergen                  | Reaction Details | Severity | Date/Time Occurrence | Recorded By            | Date/Time Recorded  | Status    | Printed | Date/Time Printed   | Printed By            |
|--------------------------|---------------------------|------------------|----------|----------------------|------------------------|---------------------|-----------|---------|---------------------|-----------------------|
| <input type="checkbox"/> | Paracetamol 500 mg Tablet | swollen eyes     |          | 22/05/2014 12:00 AM  | Dr. Samuel Goh Jing Em | 22/05/2014 03:34 PM | Confirmed | Yes     | 08/05/2015 06:38 PM | Shaharudin bin Asyraf |

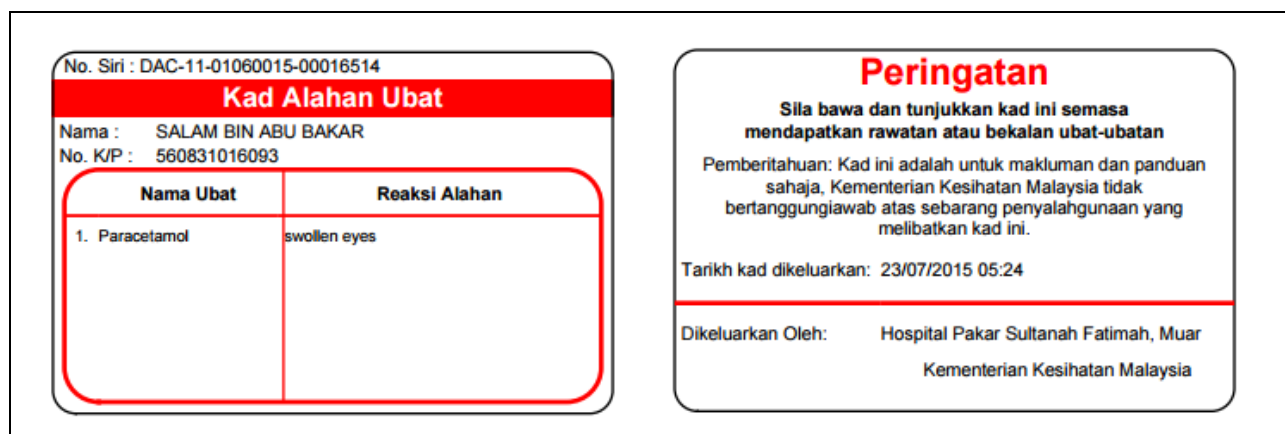
Figure 3.4-2 Selected Patient

Select to print the card in Malay or English by clicking on one of the below button:

System will display as shown in Figure 3.4-3.

#### Note

- Condition to print Allergy Card is:
  - Allergy record with status Confirmed and Suspected
  - Allergen Type = Drug



No. Siri : DAC-11-01060015-00016514

**Kad Alahan Ubat**

Nama : SALAM BIN ABU BAKAR  
No. K/P : 560831016093

| Nama Ubat      | Reaksi Alahan |
|----------------|---------------|
| 1. Paracetamol | swollen eyes  |

**Peringatan**

Sila bawa dan tunjukkan kad ini semasa mendapatkan rawatan atau bekalan ubat-ubatan

Pemberitahuan: Kad ini adalah untuk makluman dan panduan sahaja, Kementerian Kesihatan Malaysia tidak bertanggungjawab atas sebarang penyalahgunaan yang melibatkan kad ini.

Tarikh kad dikeluarkan: 23/07/2015 05:24

Dikeluarkan Oleh: Hospital Pakar Sultanah Fatimah, Muar  
Kementerian Kesihatan Malaysia

Figure 3.4-3 Allergy Card Sample

## 4.0 Acronyms

| Abbreviation | Definition                                   |
|--------------|----------------------------------------------|
| PhIS         | Pharmacy Information System                  |
| CPS          | Clinical Pharmacy System                     |
| MOH          | Ministry Of Health                           |
| MRN          | Medical Record Number                        |
| ADR & DAC    | Adverse Drug Reaction and Drug Allergic Card |

## 5.0 Links to Clinical Modules

| No | Module                 | PDF Links                  | No | Module               | PDF Links                  |
|----|------------------------|----------------------------|----|----------------------|----------------------------|
| 1  | Inpatient              | <a href="#">Click Here</a> | 12 | CDR Dispensing       | <a href="#">Click Here</a> |
| 2  | CDR Order              | <a href="#">Click Here</a> | 13 | Methadone Dispensing | <a href="#">Click Here</a> |
| 3  | TDM Order              | <a href="#">Click Here</a> | 14 | PN Dispensing        | <a href="#">Click Here</a> |
| 4  | PN Order               | <a href="#">Click Here</a> | 15 | Order Management     | <a href="#">Click Here</a> |
| 5  | IV Order               | <a href="#">Click Here</a> | 16 | Patient Management   | <a href="#">Click Here</a> |
| 6  | Prepacking             | <a href="#">Click Here</a> | 17 | Radiopharmaceuticals | <a href="#">Click Here</a> |
| 7  | Galenical              | <a href="#">Click Here</a> | 18 | Outpatient           | <a href="#">Click Here</a> |
| 8  | MTAC                   | <a href="#">Click Here</a> | 19 | Special Drug Request | <a href="#">Click Here</a> |
| 9  | ADR & DAC              | <a href="#">Click Here</a> | 20 | MAR                  | <a href="#">Click Here</a> |
| 10 | Medication Counselling | <a href="#">Click Here</a> | 21 | DICE                 | <a href="#">Click Here</a> |
| 11 | Ward Pharmacy          | <a href="#">Click Here</a> | 22 |                      |                            |