Drugs – Real World Outcomes

Adverse drug reactions in selected wards of the Yangon General Hospital and Yangon Specialty Hospital during the first quarter of 2019: An active pharmacovigilance study in Myanmar
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Adverse Drug Reaction Reporting Form

Date

Patient information
- Code number
- Patient registration number
- Age at the time of event or date of birth
- Gender – M/ F
- Contact phone number, Address
- Date of DC
- Transfer out
  Unit, Date
  Reason for transfer out
- Relevant past medical and surgical history including liver function and renal function
- History of smoking/ drinking (daily/occasional, amount/day, duration, if stopped, how many days/months/yr
- History of drug allergy
- Family history of allergy
- Chief complaint for hospitalization
- Diagnosis for hospitalization

Lab Investigations

| Date of investigations | Type | Results |
|------------------------|------|---------|
|                        |      |         |
|                        |      |         |
|                        |      |         |
### Treatment information
(include herbal/ traditional preparations/ including other medications that are often forgotten)

| Product name (INN and trade) | Types of prescribers | Daily dosage | Started date | End date | Patient compliance |
|-----------------------------|----------------------|--------------|--------------|----------|-------------------|
| 1                           |                      |              |              |          |                   |
| 2                           |                      |              |              |          |                   |
| 3                           |                      |              |              |          |                   |

#### Types of prescribers
1. Self-taken, 2. Given by shop keeper, 3. Given by general practitioner, 4. Given by specialist, 5. Given by others (nurses, health assistants)

### Adverse event or product problem
- Date of reaction started
- Date of suspected drug taken
- Date of reaction stopped
- Last prescription date of this medication
- Description of event or problem
- Relevant tests/ Lab data (if available)
- Other relevant patient information/ history (previous drug hypersensitivity reactions, their nature and time course – rash, anaphylaxis)
- Suspected ADRs appear after the drug was administered or dose increases?
- Preexisting symptoms (suspected ADRs) exacerbated by the drug?
- Symptoms (suspected ADRs) improved with treatment (like specific antagonist) /without treatment/ stop treatment/ dose reduced?
- Symptoms (suspected ADR) associated with long-lasting disability or impairment?
- Outcomes attributed to adverse event

### Suspected medications
- Name (INN and brand name)
- Dose, frequency and route used
- Duration of treatment
- Diagnosis for use
- Drugs that are taken recent pasts and reasons for stopping them (within 3 months)