## **HP09: Toxic Reaction Report**

## Purpose

The *Toxic Reaction Report* documented the occurrence, nature, and disposition of events believed to represent serious adverse effects of antihypertensive medications administered to the Stepped Care group in accordance with the drug protocol. (See **Section 5.5** of the *Manual of Operations* for details).

TOXIC REACTION REPORT			OMB 68 - R1325
Program Number: 3.4 5.6.7.8.		<u> </u>	2
(Mr., Miss, Mrs.) Last	First		Middle
$\begin{array}{c} \textcircled{3} \\ \hline \textbf{Month} \\ \hline \textbf{Day} \\ \hline \textbf{Day} \\ \hline \textbf{Year} \\ \hline \textbf{QG_1Q_1} \\ \hline \textbf{QG_1Q_1} \\ \hline \textbf{QG_1Q_1} \\ \hline \textbf{Month} \\ \hline \textbf{Day} \\ \hline \textbf{Year} \\ \hline \textbf{Year} \\ \hline \textbf{Jo_1Q_1} \\ \hline \textbf{Jo_1Q_1} \\ \hline \textbf{Treatment status at time of occurrence:}} \end{array}$	was o (4) Mont	bserved: th Day Yea 33 34,35 19 36, (-2)	37
Drug (specify)	Pillsize (mgl pill)	Number of pills/dose	Number of Doses/day
a			
b			
C			
d			
e			<u> </u>
f	····	<u></u>	
g			
Severe Toxic Reaction:			
a. Arthritis, dermatitis, etc., if associated with lupus cells in the blood	<u>No</u> බ	<u>Yes</u> ⊡ (5) 38	Most suspect drug(s)
b. Thrombocytopenic purpura or agranulocytosis	2	II (b) 39	
c. Development of depression (particularly suicidal t or severe psychoses lasting two weeks or longer	endencies) 고	□ ⑦ 40	
d. Gastrointestinal bleeding or appearance of peptic	ulcer 2	II (Y)41	
e. New development of definite liver toxicity as expressed by abnormal liver function tests		II (9) 42	
f. Congenital or birth defects of offspring, or other a termination of pregnancy	bnormal 🛛	II (1) 43	
g. Other severe toxic reactions, specify:	2	囗 (1) 44	
Q 45			

Physician's comments on those reactions checked: (Include any test used to verify findings, possible explanation other than drugs, and special therapy given.)

(13) 46

7. Action taken on the basis of these toxic findings:

Drugs discontinued

Other drugs started

(4) 47



(6) S Number of days form date has been advanced beyond actual date of toxic reaction. (May be blank - used only if 2 HP09's are filled out on the same day.)

Physician or therapist: \_

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