

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).

Form No. 1, 2

1. Program Number: 3,4 5,6,7,8,9 10,11

Name: (PRINT IN BLOCK CAPITALS) Acrostic 12 13 14 15 16 17, 18 19 20 21 22 23 24 25

(Mr., Miss, Mrs.) Last First Middle

4. Date of clinic visit at which the Critical Toxic Reaction was observed:

3 Date reported: 26,27 28,29 19 30,31 (-2)

4 Date reported: 32,33 34,35 19 36,37 (-2)

5. Treatment status at time of occurrence:

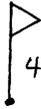
Table with 4 columns: Drug (specify), Pillsize (mgl pill), Number of pills/dose, Number of Doses/day. Rows a through g.

6. Severe Toxic Reaction:

Table with 3 columns: Description, No/Yes checkboxes, Most suspect drug(s). Rows a through g.

12 P 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

(14)  47

Physician or therapist: _____

(15)
99 48.49
0

(16) 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.)