

MEDICATION SIDE EFFECT MONITOR

Clinical Record Template | Protocol 402-A

PATIENT ID _____ - _____

PATIENT NAME
ATTENDING PHYSICIAN
FACILITY/WARD

DATE/TIME	MEDICATION & DOSAGE	OBSERVED SIDE EFFECTS	SEVERITY	ACTION TAKEN
Oct 24 / 08:00	Lisinopril 10mg	Dry cough, mild dizziness upon standing	Low	Monitored BP; patient advised to rise slowly
Oct 24 / 14:30	Amoxicillin 500mg	Localized urticaria (hives) on forearms	Moderate	Dose suspended; antihistamine administered
Oct 25 / 02:15	Morphine Sulfate 2mg	Respiratory rate decrease (9 bpm), somnolence	High / Critical	O2 applied; Rapid Response Team notified

CLINICAL NOTES & OBSERVATIONS

NURSE SIGNATURE
REVIEWING PHARMACIST
DATE OF REVIEW