

Child Initials

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PRE-DEFINED SUSPECTED GRADE 4 DRUG TOXICITY

The medicines being used in FLACSAM are licensed drugs with a known profile of adverse reactions. Assessment of safety will therefore focus on severe and causally related events. Clinical or laboratory toxicity will be reported if Grade 4 according to the Division of AIDS table for grading severity of adverse events:

http://rsc.techres.com/Document/safetyandpharmacovigilance/DAIDS_AE_Grading_Table_v2_NOV2014.pdf

If abnormalities are known to be already present at enrolment, or are due to other identifiable factors, this need not be reported as a causally-related toxicity. Only record new events whilst the child is receiving study drugs.

Always act in the best interests of the child. When possible, discuss any decisions regarding stopping study drugs because of suspected toxicity with the FLACSAM PI, clinical lead, designee or local safety monitor. They can also provide information on other aspects of management of adverse reactions.

A toxicity event may also meet the criteria for an SAE, and should also be reported on an SAE CRF.

DATE of onset	___ / ___ / _____ <small>D D / M M / Y Y Y Y</small>			
TIME of onset	___ : ___ 24h Clock <input type="checkbox"/> Unknown			
Which study drugs is the child receiving?	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Gentamicin	<input type="checkbox"/> Ceftriaxone	<input type="checkbox"/> Metronidazole/Placebo
How many doses have been given?	___ doses	___ doses	___ doses	___ doses

<i>tick all that apply</i>	Suspected Pre-Defined Grade 4 Toxicity	Definition
Allergic & Cutaneous	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Bronchospasm requiring treatment <input type="checkbox"/> Exfoliative dermatitis/Stevens-Johnson Syndrome	Clinical diagnosis Clinical diagnosis Clinical diagnosis
Haematological	<input type="checkbox"/> Severe anaemia <input type="checkbox"/> Neutropenia <input type="checkbox"/> Thrombocytopenia	Hb < 4g/dl < 0.4 x 10 ⁹ /L < 25 x 10 ⁹ /L
Neurological	<input type="checkbox"/> Impaired consciousness <input type="checkbox"/> Convulsions <input type="checkbox"/> New focal neurological signs	AVPU = P or U Report or clinical diagnosis Clinical diagnosis
Renal	<input type="checkbox"/> Abnormal renal function	Creatinine > 138 µmol/L
Hepatic	<input type="checkbox"/> Abnormal liver function <input type="checkbox"/> Abnormal liver function <input type="checkbox"/> Abnormal liver function <input type="checkbox"/> Abnormal liver function	ALT > 450 IU/L AST > 620 IU/L ALP > 4,060 IU/L Bilirubin > 63 µmol/L

Write details in the description box on the next page

Was the study drug stopped?	<input type="checkbox"/> Y* <input type="checkbox"/> N	If Y, Date: ___ / ___ / _____ <small>D D / M M / Y Y Y Y</small>	Time: ___ : ___
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* if Y, also complete the drug discontinuation section in the Study Conclusion CRF

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Circumstances of the event, including in relation to study drug administration or other study procedures

Relevant clinical findings

Relevant laboratory findings

Action taken

Progress & outcome

Toxicity CRF completed by

initials

Date

____/____/_____
D D / M M / Y Y Y Y

Time

____:____
24 h clock

END

Child Initials

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Additional notes (*Not for entry into database*) **all entries should be initialled and dated**