

M-118, First Floor, Shastri Nagar, Delhi 110052

CGHS EMPANELLED PANCHKARMA CENTER

☎ 8005633391

**NC 04/ MOM 8B:** No Process of capturing and reporting of Adverse drug reaction was evidenced

- Till date no case of adverse drug reaction has come to the clinic but if it comes in future then we are explaining its mechanism here.
- We have an ADR form, if any case occurs then need to fill the attached form & mailed to [pvpi@ipcindia.net](mailto:pvpi@ipcindia.net) or [pvpi.ipcindia@gmail.com](mailto:pvpi.ipcindia@gmail.com) pharmacovigilance website

*Jeena Sikho Kaur*  
10/7/22  
3:01 PM  
Jeena Sikho Lifecare Ltd  
M-118, 1st floor  
Shastri Nagar, Delhi-110052

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## Procedure of ADR case filed

Purpose – To provide guideline for monitoring adverse drug reaction event and ensure its proper reporting.

Scope- Hospital Wide

Protocol – The person noticing the reaction i.e. doctor/ patient immediately inform the concern doctor and clinical management is initiated then & there.

2. The doctor informs the in charge pharmacy & main medicine store.
3. The ADR form filled up by the concern doctor.
4. Drug Responsible for adverse reverse is identified.
5. All patient rooms & areas where the drug has been issued are advised not to use the drug of that particular batch.
6. Informed to medical superintendent
7. All such events are monitored and evaluated and appropriate action taken depending on the nature of the adverse reaction
8. Such action may take the form of observation or in extreme case withdrawal of the drug
9. Drug causing adverse reaction is closely monitored and analyzed

*Dr. Ravinder Kumar*  
JEENA SIKHO LIFECARE LTD.  
M-118, First Floor,  
Shastri Nagar, Delhi-110052



# SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Jeena Sikho Lifecare Pvt. Ltd)

M-118 FIRST FLOOR, SHASTRI NAGAR, DELHI-110052

## ADR REGISTER (Adverse Drug Reaction)

### SUSPECTED ADVERSE DRUG

### REACTION REPORTING FORM

For VOLUNTARY reporting  
of Adverse Drug Reactions  
by health care professionals

Report #

To be filled in by Pharmacovigilance  
centres receiving the form.

<b>A. Patient information</b>			
1 Patient identifier initials  In confidence	2 Age at time of event: or Date of Birth:	3 Sex <input type="checkbox"/> M <input type="checkbox"/> F	4. Weight _____ Kgs
<b>B. Suspected Adverse Reaction</b>			
5 Date of reaction started (dd/mm/yy):			
6 Date of recovery (dd/mm/yy):			
7 Describe reaction or problem			

12 Relevant tests/ laboratory data, including dates
13 Other relevant history, including pre-existing medical conditions (e.g., allergies, race, pregnancy, smoking alcohol use, hepatic/ renal dysfunction, etc.)
14. Seriousness of the reaction <input type="checkbox"/> Death (dd/mm/yy) _____ <input type="checkbox"/> Life threatening <input type="checkbox"/> Hospitalization-initial or prolonged <input type="checkbox"/> Disability <input type="checkbox"/> Congenital anomaly <input type="checkbox"/> Required intervention to prevent permanent impairment/ damage <input type="checkbox"/> Other (specify) _____
15. Outcomes <input type="checkbox"/> Fatal <input type="checkbox"/> Continuing <input type="checkbox"/> Recovering <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____

<b>C. Suspected medication(s)</b>										
Sl No.	B. Name (brand and / or generic name)	Manufacturer (If known)	Batch No. / Lot No. (If known)	Exp. Date (If known)	Dose used	Route used	Frequency	Therapy dates (if unknown, give duration)		Reason for Use or prescribed for
								Date started	Date stopped	
I										
II										
III										
IV										
Sl. No. As per C	9 Reaction abated after drug stopped or dose reduced					10 Reaction reappeared after reintroduction				
	Yes	No	Unknown	NA	Reduced dose	Yes	No	Unknown	NA	If reintroduced, dose
I										
II										
III										
IV										

11 Concomitant medical products and therapy dates including self medication and herbal remedies (exclude those used to treat reaction)
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<b>D. Reporter (see confidentiality section in first page)</b>	
16 Name and Professional Address: _____	
Pin code: _____ E-mail: _____	
Cell No / Tel No with STD Code: _____	
Speciality _____	Signature _____
17 Occupation _____	18 Date of this report _____

*David K...*  
M-118, First Floor,  
Shastri Nagar, Delhi-110052

My Self Dr Ravinder Kaur  
SHUDDHI AYURVEDA PANCHKARMA  
CLINIC.

Issuing Register - ADR  
(Adverse Drug Reaction)

Ravinder Kaur  
30/6/21  
5:30pm

Shuddhi Ayurveda Panchkarma Clinic  
(A unit of Jeena Sikho Life Care Pvt Ltd.)  
M-118, 1st Floor, Shastri Nagar,  
Delhi-110052

Jeena Sikho Life Care Pvt. Ltd.  
M-118, First Floor,  
Shastri Nagar, Delhi-110052



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31/3/22

No Any ADR found in this month.

*Ravinder Kaur*  
31/3/22 5:50pm  
Shuddhi Ayurveda Panchkarma Clinic  
(A unit of Jeena Sikho Life Care Pvt Ltd.)  
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*Ravinder Kaur*  
Jeena Sikho Life Care Pvt Ltd  
M-118, 1st Floor,  
Shastri Nagar, Delhi-110052



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30/4/22

No - Any ADR found in this month.

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Delhi-110052

*Ravinder Kaur*  
30/4/22-5:30pm  
Shuddhi Ayurveda Panchkarma Clinic  
(A unit of Jeena Sikho Life Care Pvt Ltd.)  
M-118, 1st Floor, Shastri Nagar,  
Delhi-110052

*Ravinder Kaur*  
Jeena Sikho Life Care Pvt Ltd.  
M-118, First Floor,  
Shastri Nagar, Delhi-110052

31/5/22

No Any ADR found in this month.

31/5/22 5:32pm

Shuddhi Ayurveda Panchkarma Clinic  
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