

**RAVEN Clinician Assessment Form for Potential ADEs → Use One Sheet per ADE/Med Pair:**

1. Date of evaluation: ___/___/___	2. Facility:	3. Pharmacist:
------------------------------------	--------------	----------------

4. Resident MRN:	
5. Resident Name:	
6. Date of birth: ___/___/___	7. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>

8. Most recent admission date: ___/___/___	9. Care plan goals (check all that apply):	DNR <input type="checkbox"/>	CPR <input type="checkbox"/>
		Full <input type="checkbox"/>	Limited <input type="checkbox"/>
		Comfort <input type="checkbox"/>	Hospice <input type="checkbox"/>

10. Prescriber:	11. NPI: _____
-----------------	----------------

12. Number of regularly scheduled <u>chronic</u> unique routine medications with systemic effects (excluding topicals) prescribed:	
--	--

13. Is the resident currently receiving dialysis?	Yes <input type="checkbox"/> (continue but bypass section 15 a-c)	No <input type="checkbox"/> (continue)
---	---	--

14. Has the resident had a recent laboratory assessment?	Yes <input type="checkbox"/> (continue)	No <input type="checkbox"/> (skip to section 23)	
a. SCr:	Date: / /	Last/highest SCr (if available):	Date: / /
b. Hgb:	Date: / /	Last/lowest Hgb (if available):	Date: / /
c. K:	Date: / /		
d. BS:	Date: ___/___/___		
e. Na:	Date: ___/___/___		

<b>15. <u>Laboratory Assessment for Measuring Potential ADEs:</u></b>	
<b>Trigger</b>	<b>Present</b>
a. Acute Kidney Injury - Risk: (1.5 SCr increase)	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Acute Kidney Injury- Injury (2x SCr increase)	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Acute Kidney Injury- Failure (3x SCr increase or increase of 0.5 if SCr ≥ 4)	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Drug Induced Anemia (≥ 2 g/dL decrease)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**RAVEN Clinician Assessment Form for Potential ADEs → Use One Sheet per ADE/Med Pair:**

Trigger	Present
e. Hyperkalemia ( <b>K</b> ≥ 5.5 mmol/L)	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Hypokalemia ( <b>K</b> ≤ 3.5 mmol/L)	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Hypoglycemia ( <b>BS</b> ≤ 70 mg/dL)	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Hyponatremia ( <b>Na</b> ≤ 130 mEq/L)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>16.</b> If a trigger is present, is the resident prescribed one or more medications that is casually associated with the trigger?	Yes <input type="checkbox"/> No <input type="checkbox"/> → STOP!
<b>17. Medication Associated with the ADE:</b>	
a. <u>Generic name of associated medication:</u>	
b. Did the medication start date/time <b>follow</b> the lab abnormality date/time?	Yes <input type="checkbox"/> (stop) No <input type="checkbox"/> (continue) <span style="float: right;">Date medication originally dispensed: ___/___/___</span>

<b>18. Seriousness (i.e. harm) of pADE using NCC-MERP Categories:</b>	
Not Serious <input type="checkbox"/> (A-D)	Required Intervention <input type="checkbox"/> (E)
Initial /prolonged hospitalization <input type="checkbox"/> (F)	Permanent pt harm <input type="checkbox"/> (G)
Intervention necessary to sustain life <input type="checkbox"/> (H)	Death <input type="checkbox"/> (I)

Triggers	Most Common Associated Drugs
<b>1.</b> Acute Kidney Injury - Risk: (1.5 SCr increase)	ACE Inhibitors/ARBs
<b>2.</b> Acute Kidney Injury- Injury: (2x SCr increase)	ACE Inhibitors/ARBs
<b>3.</b> Acute Kidney Injury- Failure: (3x SCr increase or increase of 0.5 if SCr ≥ 4)	ACE Inhibitors/ARBs
<b>4.</b> Drug Induced Anemia: (≥ 2 g/dL decrease)	
<b>5.</b> Hyperkalemia: ( <b>K</b> ≥ 5.5 mmol/L)	ACE Inhibitors/ARBs
<b>6.</b> Hypokalemia: ( <b>K</b> < 3.5 mmol/L)	Loop Diuretics
<b>7.</b> Hypoglycemia: ( <b>BS</b> ≤ 70 mg/dL)	Insulin
<b>8.</b> Hyponatremia: ( <b>Na</b> ≤ 130 mEq/L)	Loop Diuretics; SSRIs