

PATIENT: BADBIR ID:

HRN: DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



BIR
Biologic Interventions Register

Event of Special Interest: Serious Skin Reaction (e.g. Stevens Johnson syndrome, erythema multiforme toxic epidermal necrosis)

What was the diagnosis? (Please circle) Stevens Johnson Syndrome / Toxic epidermal necrolysis
DRESS syndrome /
Drug Induced Hypersensitivity Syndrome / Other (please state) _____

Diagnosis made/confirmed by dermatology? YES / NO / DON'T KNOW

Was an infective cause identified? (e.g. herpes simplex / mycoplasma) YES / NO / DON'T KNOW (Circle)
If yes, please state: _____

Extent of skin involved (% body surface area e.g. <10% 10-30% >30%) _____%

Involvement of mucous membranes? YES / NO / DON'T KNOW

Did the patient have a fever? (If yes, please state the highest recorded temperature) YES / NO / DON'T KNOW

Blood eosinophilia? YES / NO / DON'T KNOW

Drug details

Can you confirm the date of the patient's last biologic dose, prior to this event? _____

Is the patient's biologic therapy the most likely cause of the reaction? YES / NO / DON'T KNOW

What medications was the patient receiving at the time of onset of the skin reaction?
(Please include any transient prescriptions in the preceding month such as antibiotics)

Prior to the event was the patient receiving any of the following: (circle all that apply)

NSAIDS / Anti-psychotics / Anti-epileptics / Sulphonamides / Antibiotics / Allopurinol / Dapsone

Has the patient had a serious skin reaction to any other drug previously? (If so please give details)

If you have any questions please call the Register office on: 0161 306 1911

Form completed
By: _____

On: ____ / ____ / ____

Please note this ESI form needs to be entered directly onto the BADBIR database in the adverse section