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DRUG SAFETY JOURNAL

Targeted Spontaneous Reporting of suspected renal toxicity in patients undergoing Highly Active Anti-Retroviral Therapy in two public health facilities in Uganda.

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Figure 1. Job aid for identificatying and reporting suspected renal toxicity related to tenofovir

TENIFOVIR RENAL TOXICITY ASSESSMENT AID

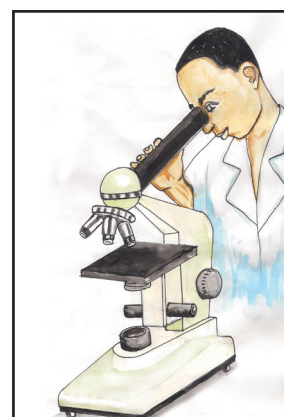
1 HISTORY TAKING



- Review the patient's medical and drug history.
- Probe whether the patient took the medicines correctly (dose and time)
- Ask patient if she/he has any complaints after the last visit
- Remember TDF causes renal tubular dysfunction which is typically asymptomatic. Key measurements of interest are urinalysis (protein & glucose in urine) and Serum creatine
- You may consider late symptoms of renal toxicity (fatigue, weakness, frequent urination, increased thirst, edema)

2 INVESTIGATIONS

- For patients initiating Tenofovir, consider baseline tests for glucosuria, proteinuria, plasma urea, serum creatinin.
- For patients continuing with Tenofovir consider carrying out urinalysis every three months in the first year of therapy and then subsequently on a twice yearly basis or as per the national guideline for monitoring Tenofovir toxicity.

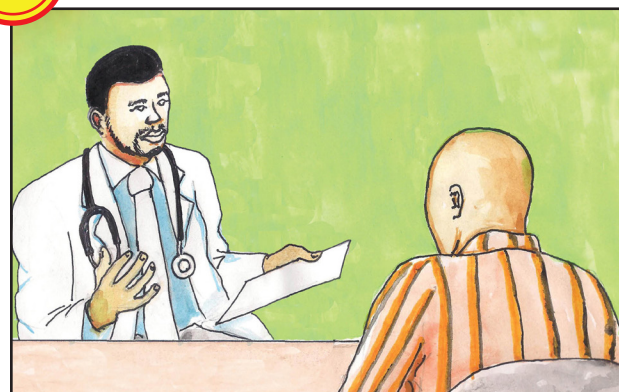


3 ASSESSMENT OF EVENT



- If laboratory tests were done, compare results with baseline.
- Determine the time between taking the medicine and onset/detection of reaction.
- Rule out any other possible cause of abnormal tests or complaints.

4 MAKE THE DIAGNOSIS



- From your assessment, make a diagnosis for the event whether medicine related or other causes.
- Clinically manage the patient.

5 REPORT THE SUSPECTED ADVERSE DRUG REACTION

- Fill in the adverse reaction form.
- Send the filled form to the Pharmacovigilance Coordinator or National Drug Authority Plot 46/48 Lumumba Avenue.