ADRMS

(Adverse Drugs Reaction Monitoring System)

By Indian pharmacopoeia commission (IPC), ministry of Health & Family Welfare, Govt.of India

ACCOUNT TYPE IS HEALTHCARE PROFESSIONAL

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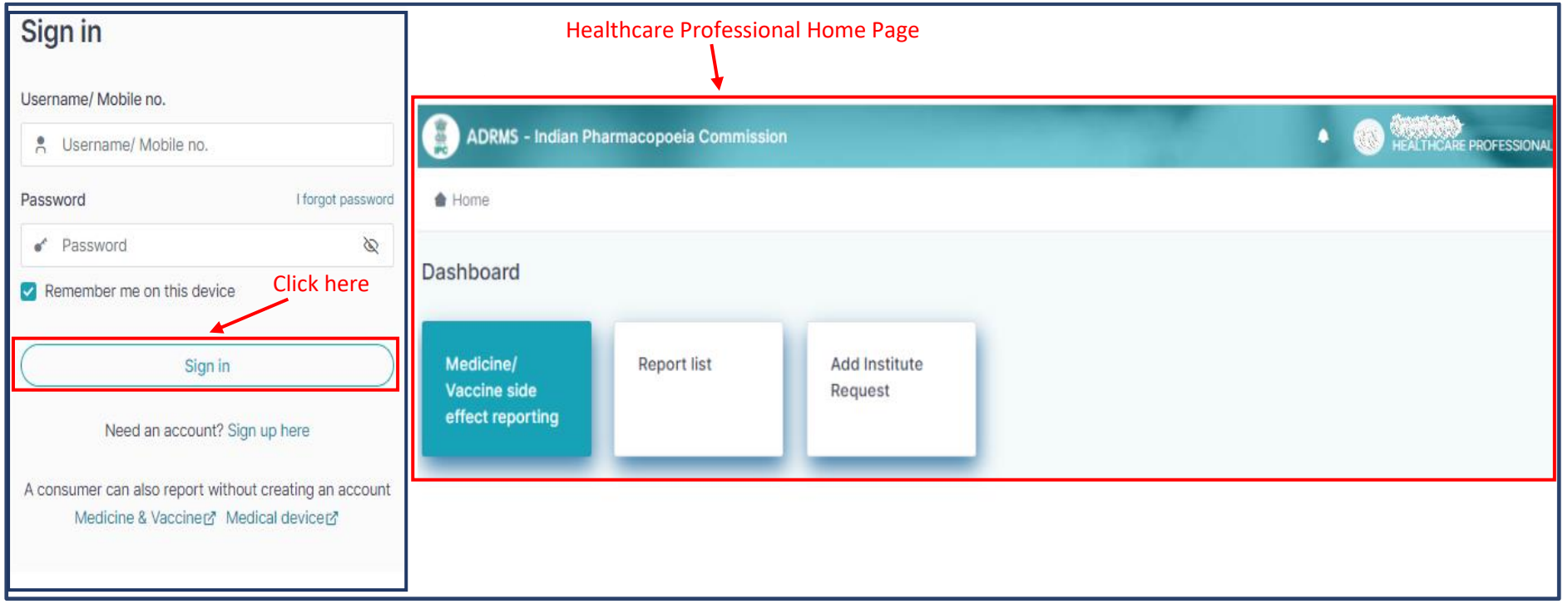
1. How to Sign In

Step 1: Enter Username or Mobile no. and Password. Click on Sign in. Healthcare Professional home page will open.



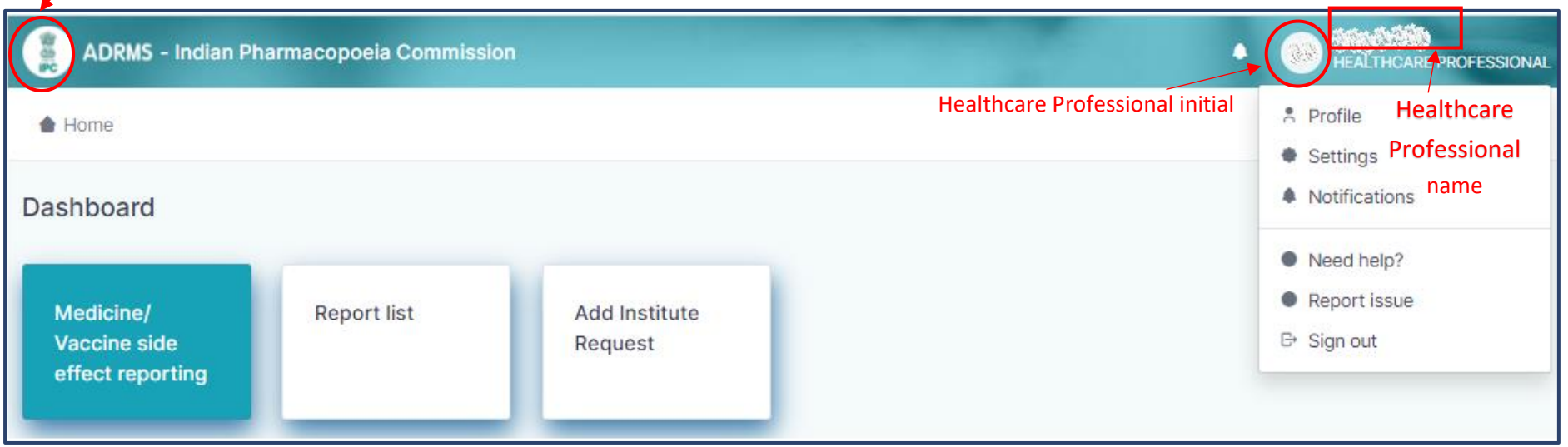
2. Healthcare Professional Home Page

This is Home Page of Healthcare Professional. By using this Page we can see and edit Profile of Healthcare Professional, can see already submitted list of report issue and also submit new Report issue.

Dashboard Healthcare Professional can submit Medicine/Vaccine side effect report. Using report list can see already submitted Medicine Vaccine side effect report. Healthcare Professional can Add Institute Request.

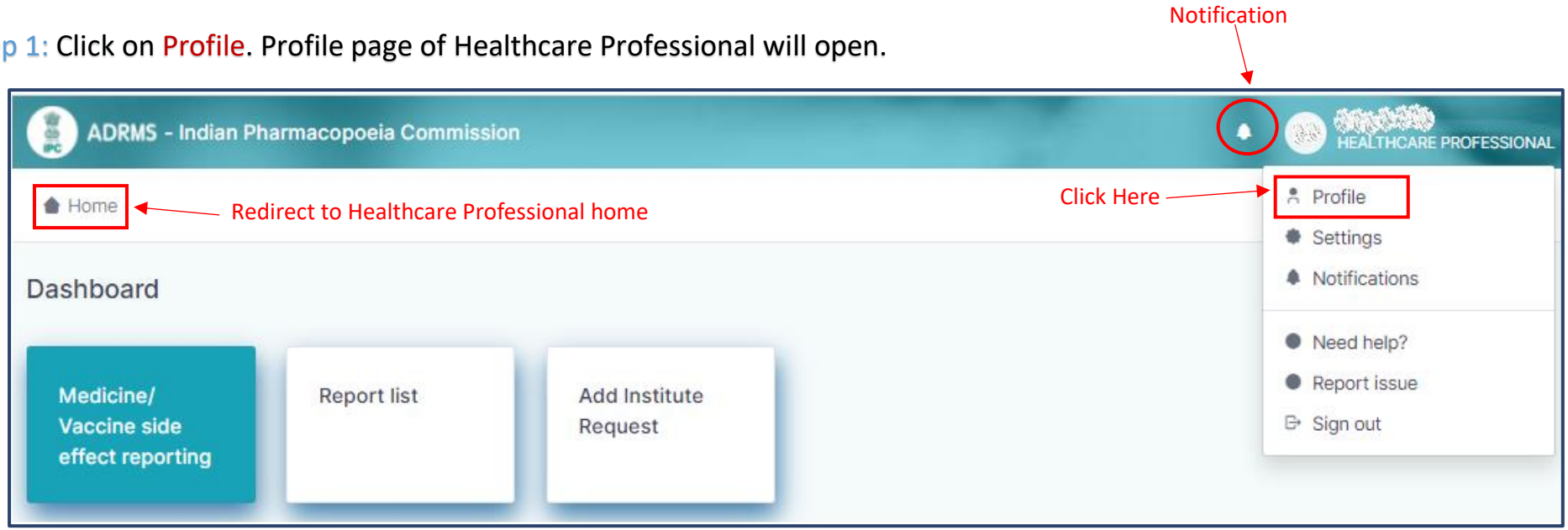
URL: https://adrmsipc.in/adrms/dashboard.html

ADRMS IPC Clickable Logo

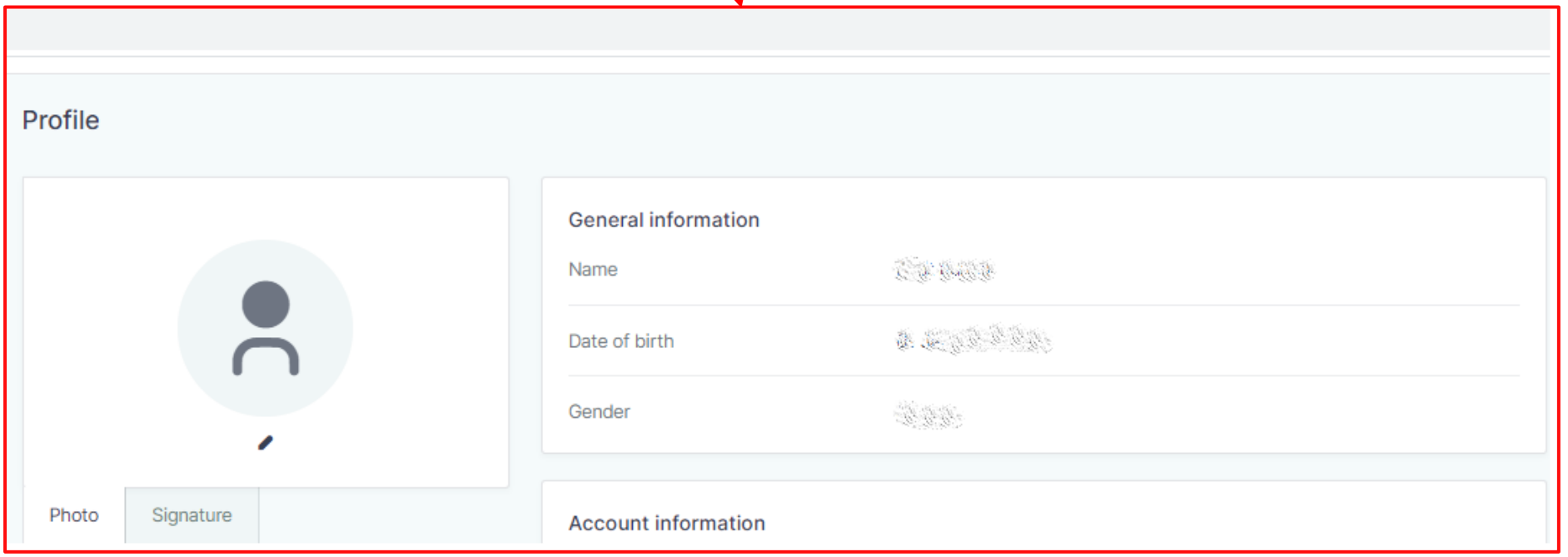


3. Profile

Step 1: Click on Profile. Profile page of Healthcare Professional will open.



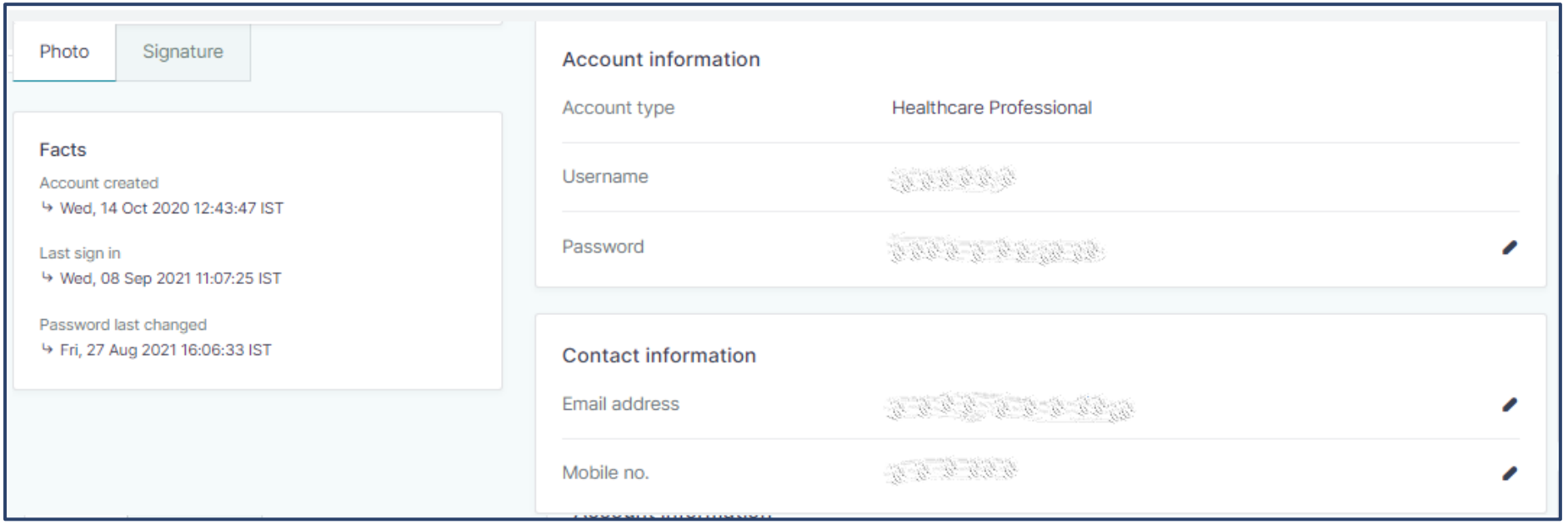
Profile page of Healthcare Professional



Healthcare Professional can upload Photo and signature. In profile shown all information which is enter at the time of Sign Up.

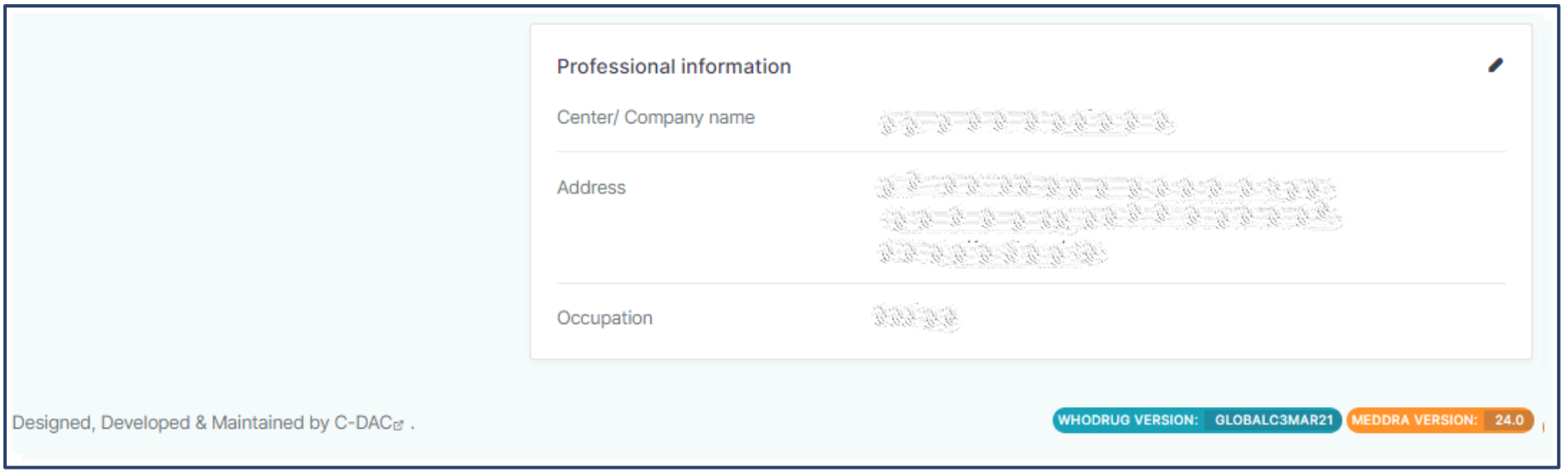
General information contains a name, date of birth and gender of Healthcare Professional.

In *"Fact"* there is a Record of account like account created date, last sign in date and last password changed date.



Account information contains account type, username and password. Here password can be edit.

Contact information email address, mobile number all fields can edit.



Professional information contains Center/Company name, Address, Occupation. Here we can edit all fields.

A. Change Account Information

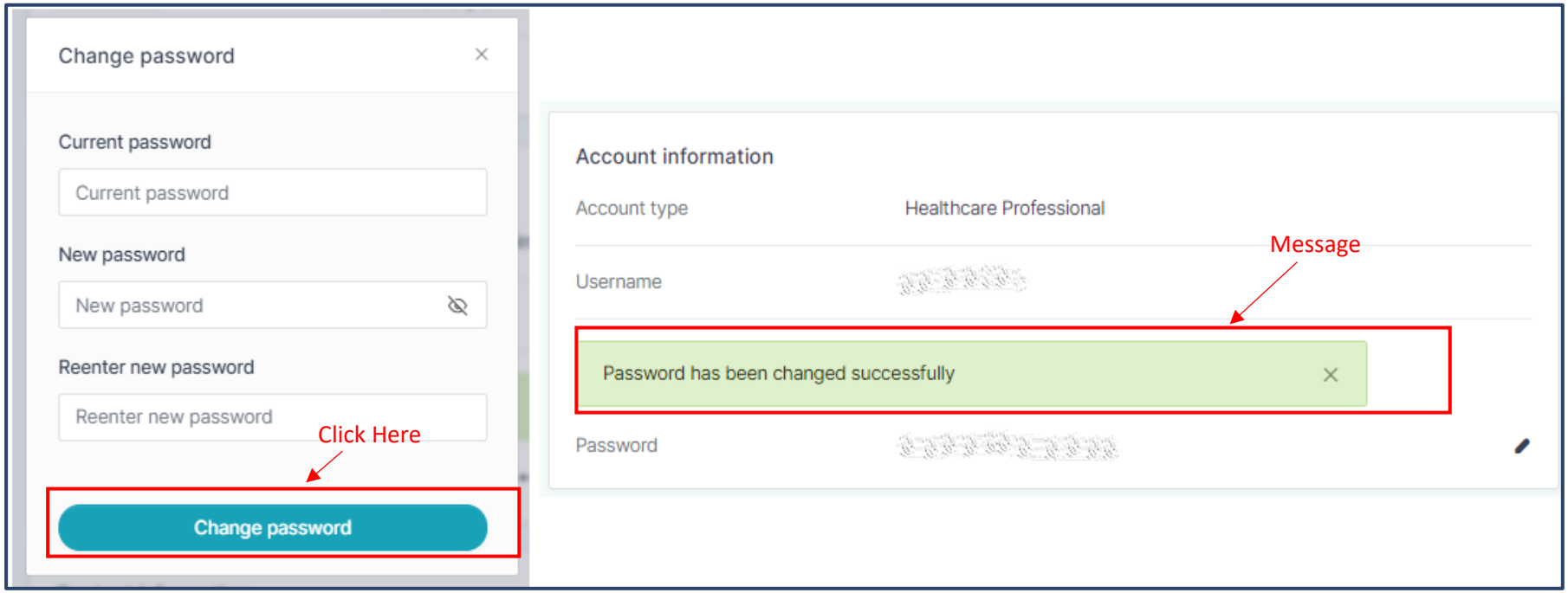
I. Change Password

Step 1: Click on edit password link. A pop-up window will appear.

In change password write current password, new password and again reenter new password.

Condition Of new password: New password must be 8-20 characters long, contain at least one lowercase letter, one uppercase letter, one number and one special character (~!@#%^&*()_+?:), and must be different from your previous passwords.

Step 2: Click on Change password. On profile page message will appear for password changed successfully.

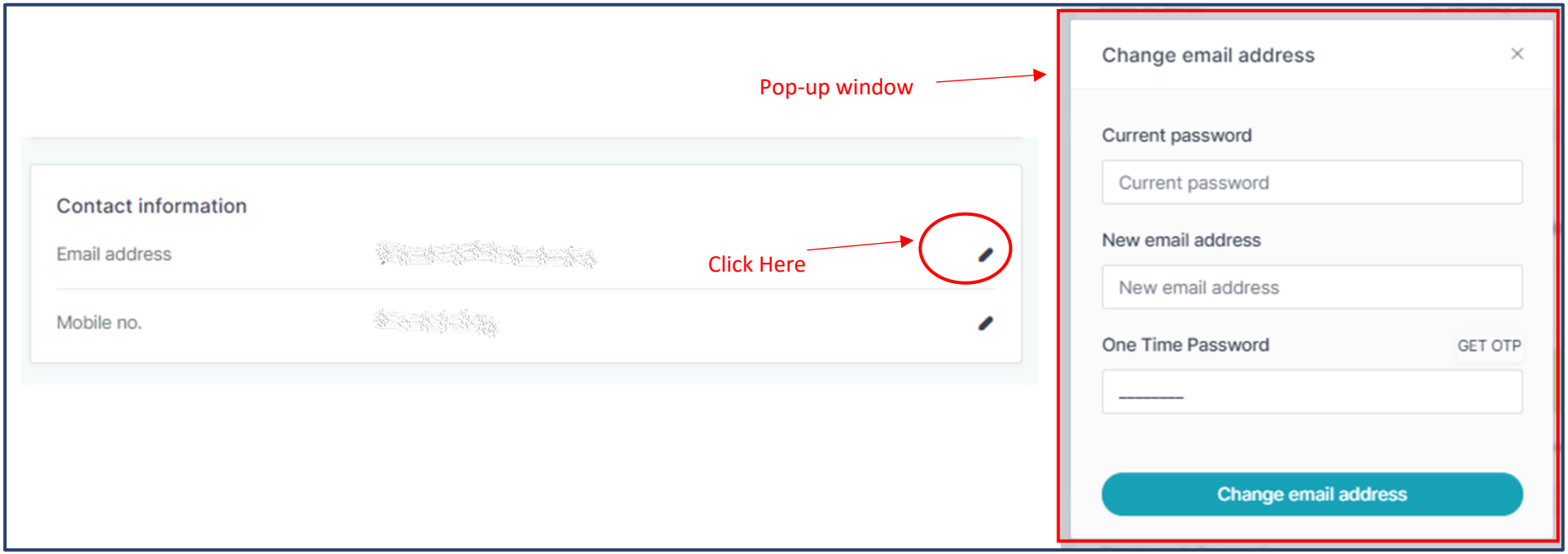


B. Change Contact Information

I. Change Email address

Step 1: Click on edit Email address link. A pop-up window will appear.

Fill the current password,New email address and OTP(One Time Password)which is send by ADRMS after click on GET OTP.

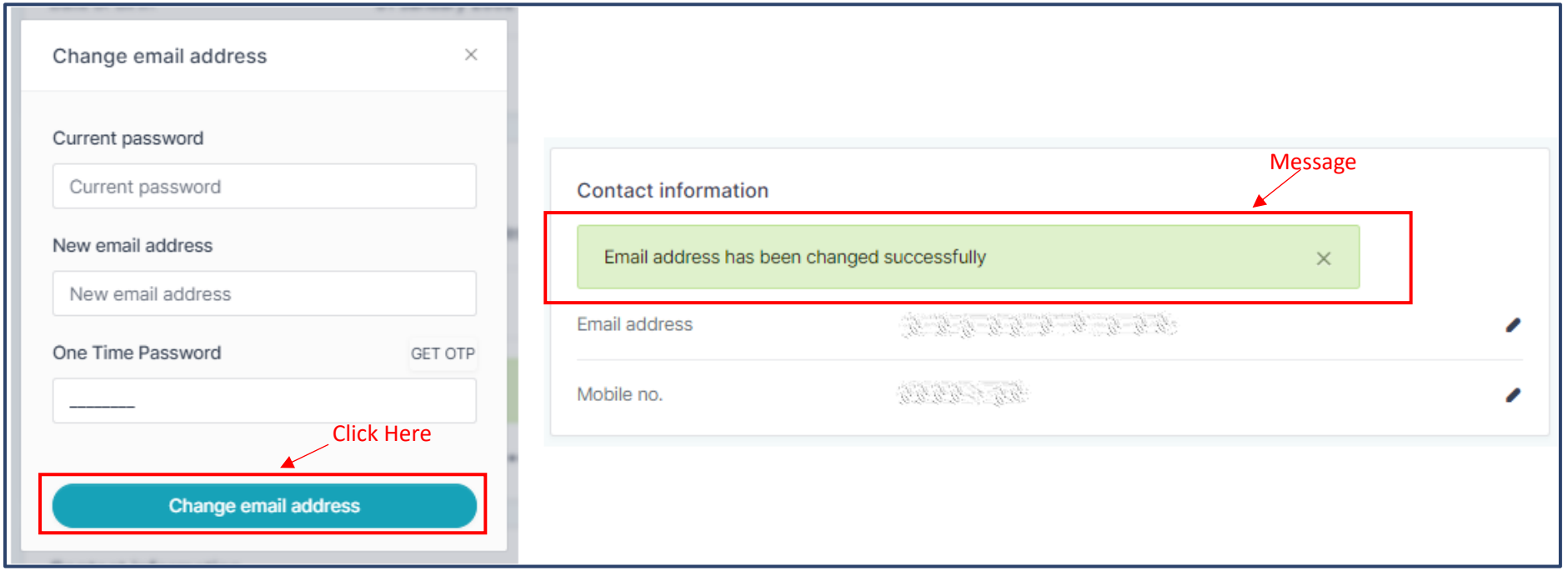


Condition for new email Address: enter a valid email address, this email address must not exist already in our system.

One Time Password: click on Get OTP link to receive an 8 digit long OTP on your email.

OTP mail on Email address: "Dear User,
Please verify your email by entering the following OTP.
One Time Password (OTP): ----OTP-----
Please do not share this with anyone.
With Regards ADRMS Team".

Step 2: Click on Change email address. On profile page message will appear for email address changed successfully.

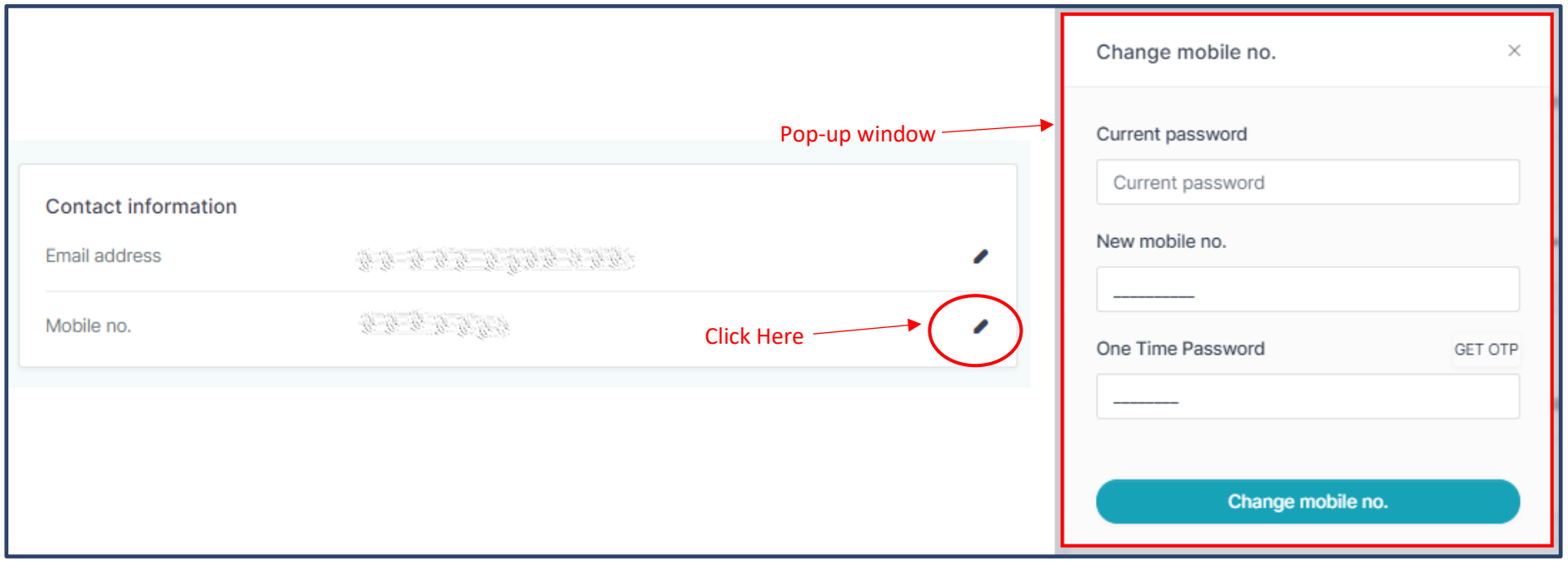


This is simple two step to change Email address.

II. Change Mobile Number

Step 1: Click on edit Mobile no. link. A pop-up window will appear.

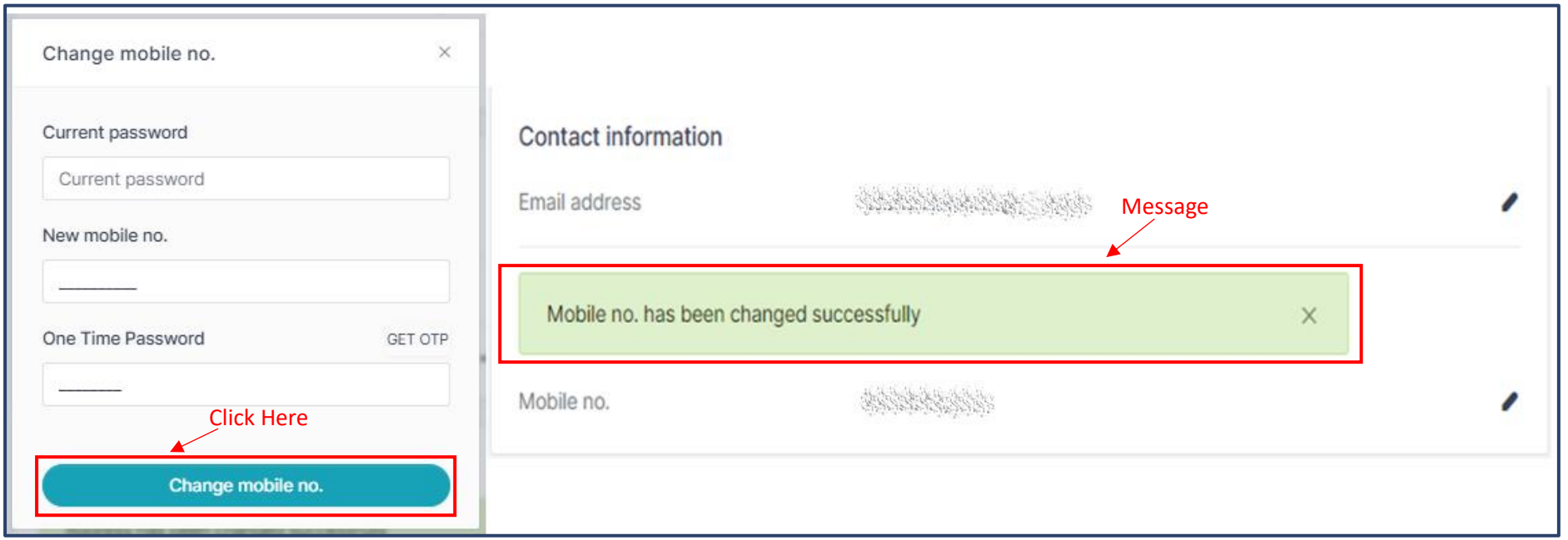
For change Mobile Number enter Current password, new mobile number, using GET OTP enter one time password.



Condition for Mobile Number: enter a valid mobile no., this mobile no. must not exist already in our system.

GET OTP: Please click on Get OTP link to receive an 8 digit long OTP on your email, enter that OTP here.

Step 2: Click on Change mobile no.. On profile page message will appear for Mobile no. changed successfully.

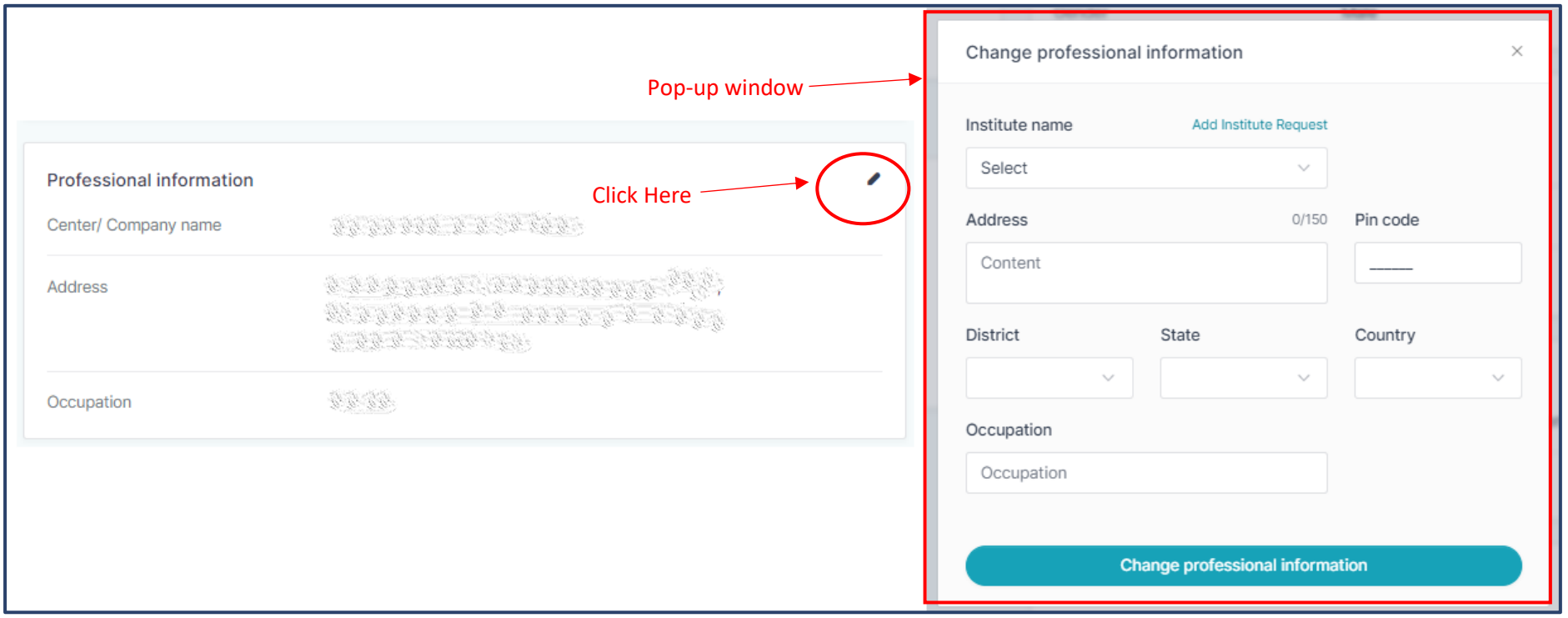


This is simple two step to change mobile number.

C. Change Professional information

Step 1: Click on edit Professional information link. A pop-up window will appear.

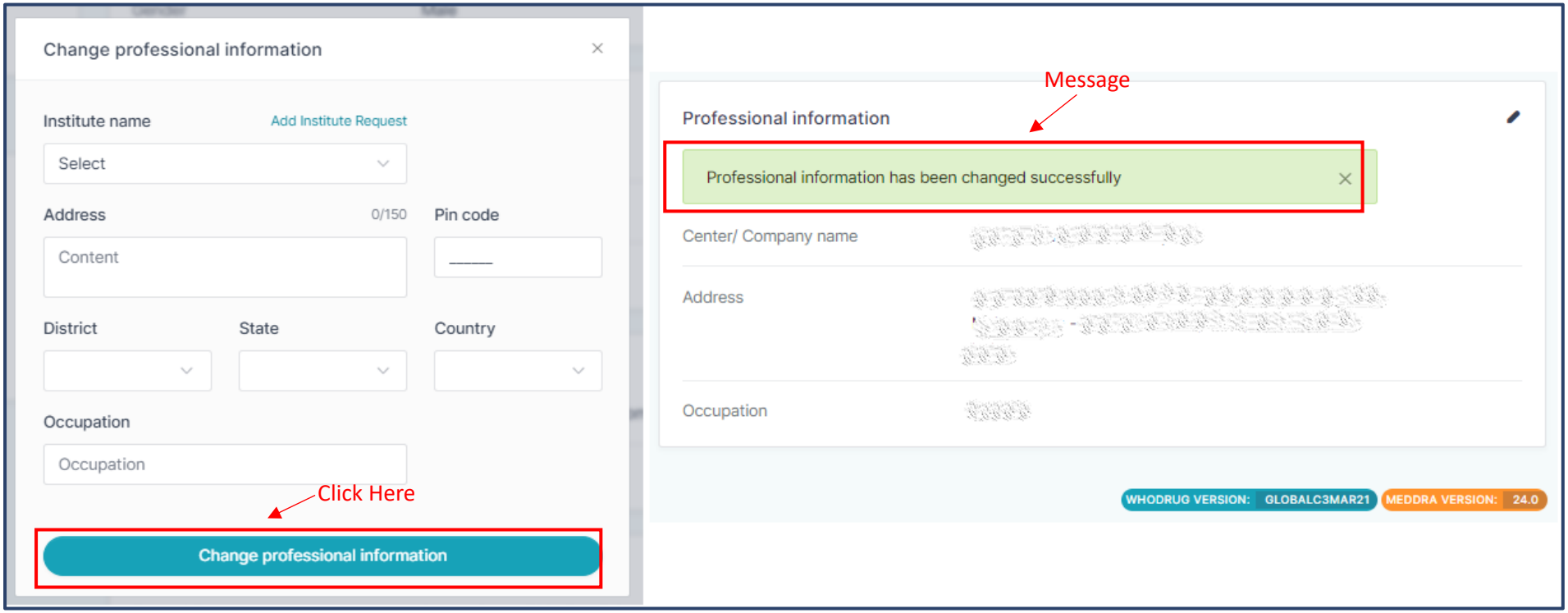
For change Professional information select any one institute name, write Occupation. All other field are automatically entered after select institute name.



Condition for Institute name: Please enter institute name, contain letters, numbers, spaces and special characters (./()-), and must not exceed 100 characters length

Condition for Occupation: Please select your occupation, contain letters, numbers, spaces and special characters (./()-), and must not exceed 50 characters length

Step 2: Click on Change professional information. On profile page message will appear for Professional information changed successfully.



This is simple two step to change professional information.

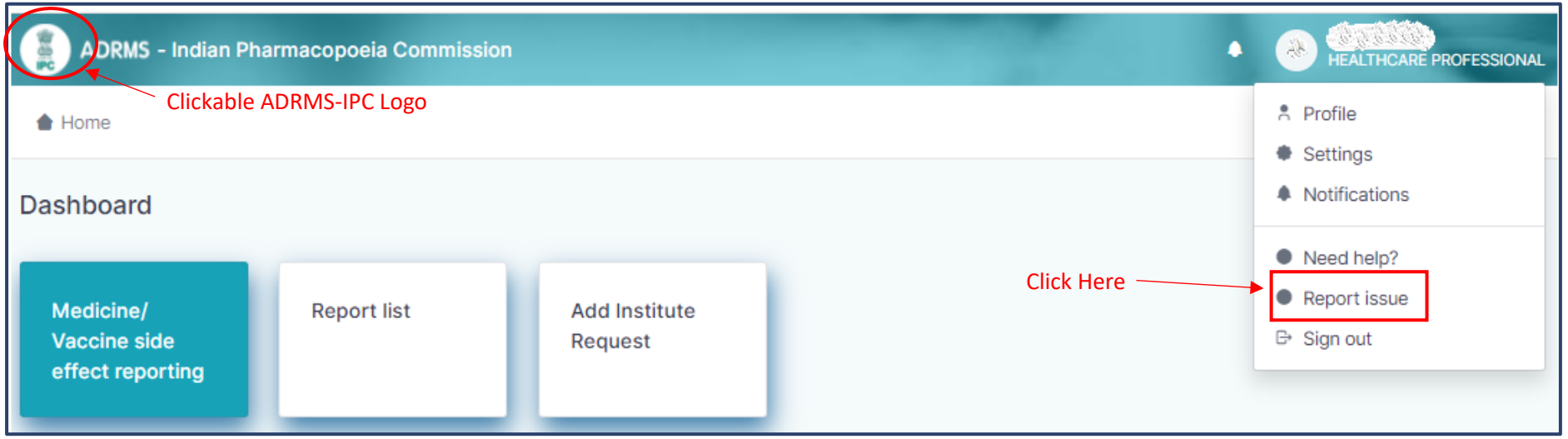
Following Table for Professional Profile field list:

Serial no.	Field name	Purpose	Is field required
1	First name	First name of Professional	Yes:required
2	Last name	Last name of Professional	Yes:required
3	Username	Identity, 8-20 char & Unique	Yes:required
4	Password	Security, 8-20 char	Yes:required
5	Date of birth	Use at a time of forgot password	Yes:required
6	Gender	Select gender of patient	Yes:required
7	Mobile no.	10 digit mobile number and should unique	Yes:required
8	One time password	8 digit OTP on mobile number	Yes:required
9	Photo	Upload photo in .jpg or .png format	No:Not required
10	Signature	Upload signature in .jpg or .png format	No:Not required
11	Email address	valid email address & should unique	No:Not required
Professional information			
12	Institute name	Select Institute name	Yes:required
12	Address	Enter Area name	No:Not required
13	Pin code	Valid pin code (6 digit)	No:Not required
14	District	Auto selected after address & pin code	No:Not required
15	State	Auto selected after address & pin code	No:Not required
16	Country	Auto selected after address & pin code	No:Not required
17	Occupation	Select occupation	Yes:required

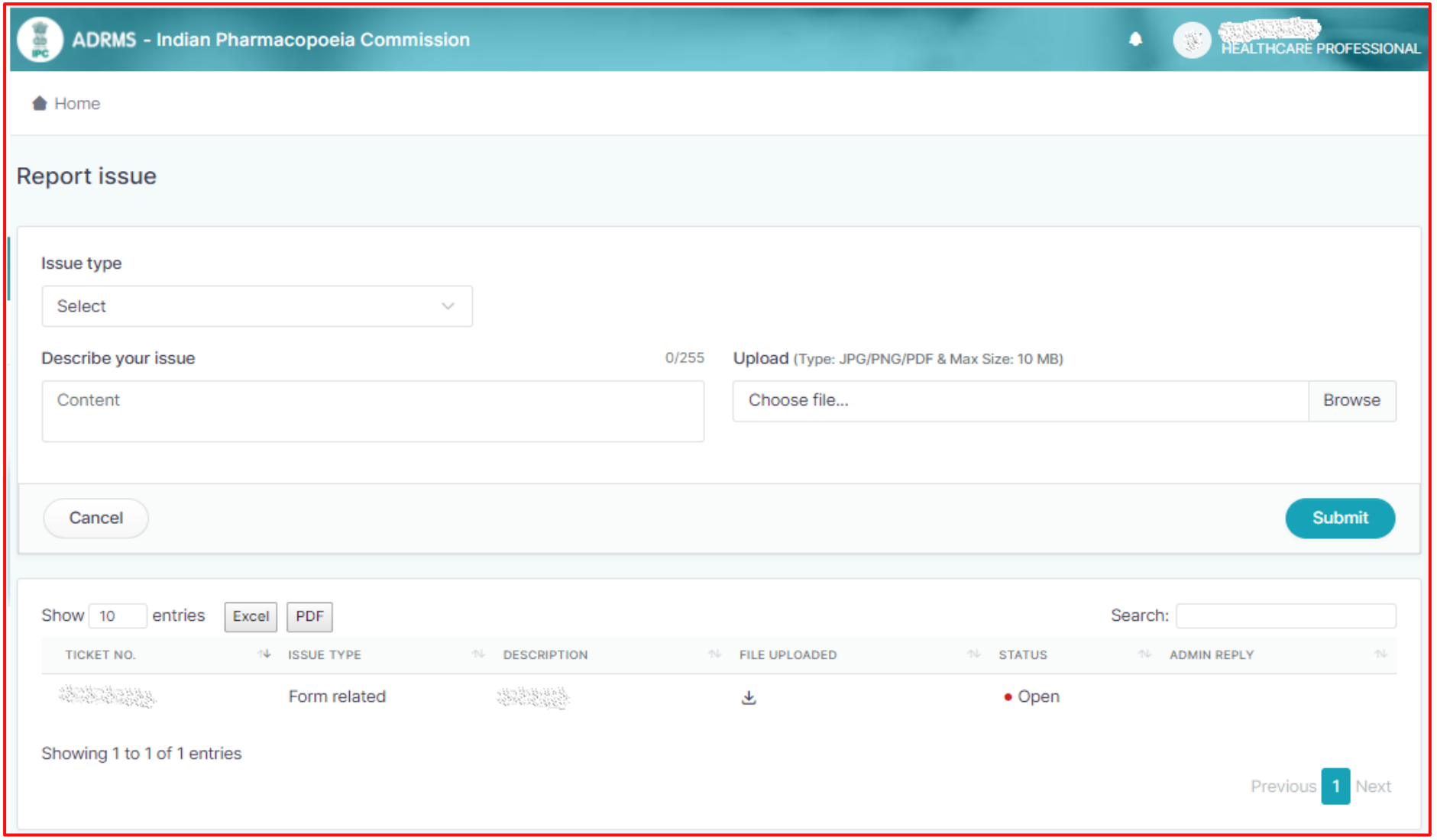
Table1: Professional Profile field list

4. Report Issue

Step 1: In Healthcare Professional home page click on Report issue. New window of Report issue will open.

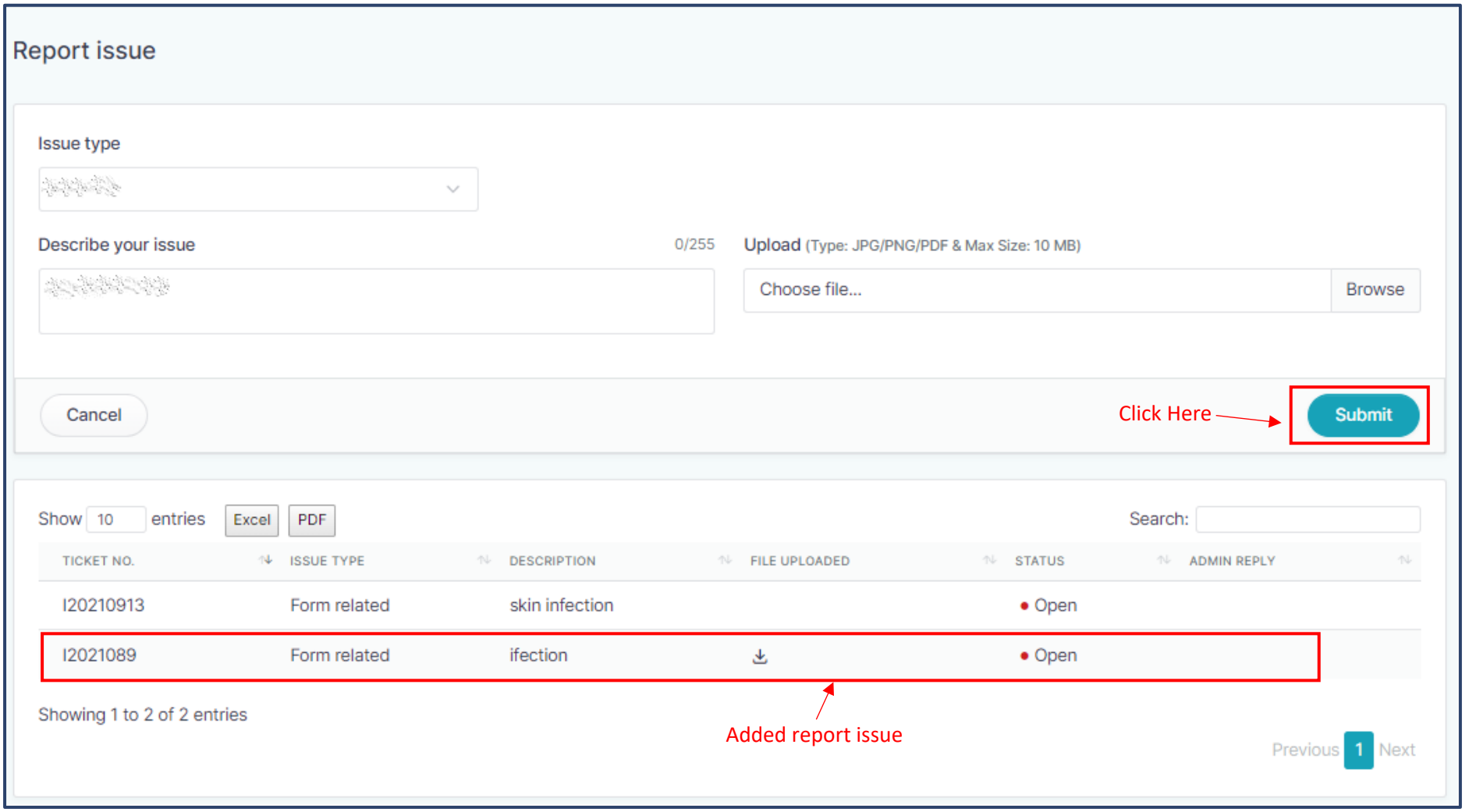


Report issue window



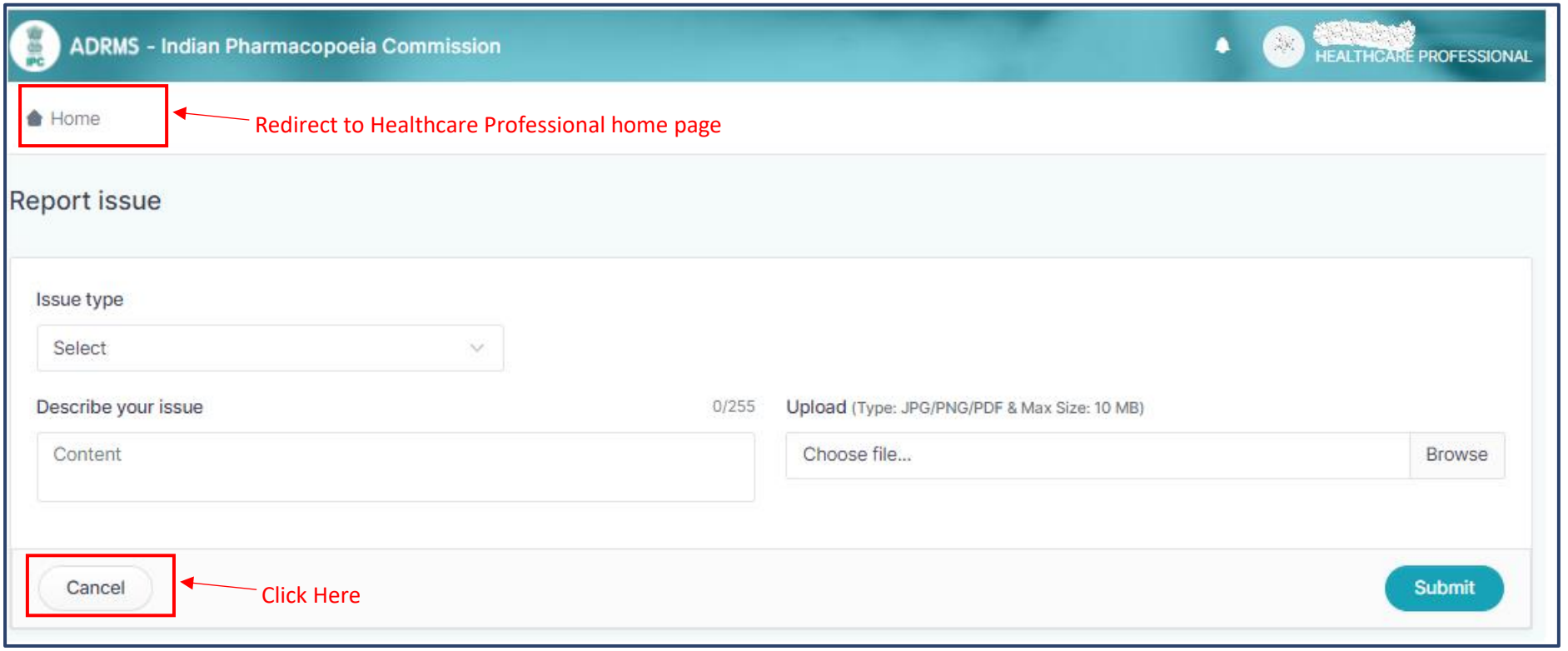
In In report issue select form related Issue type and describe issue and if any file available related to report then upload.

Step 2: Fill Report issue details. Click on Submit. In list submitted report issue is added.

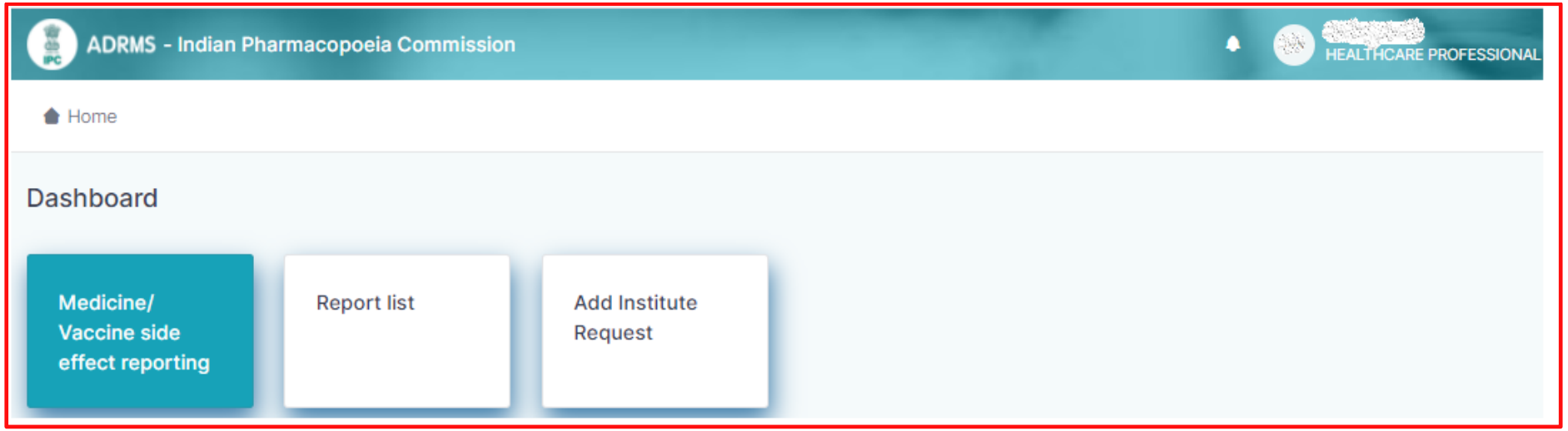


In list of report issue can see all submitted (from 1 to 1000) report issue list. Also can download this list in PDF or Excel format.

Step 3: Fill report issue details. If click on Cancel. Healthcare Professional home page will open.



Healthcare Professional home page



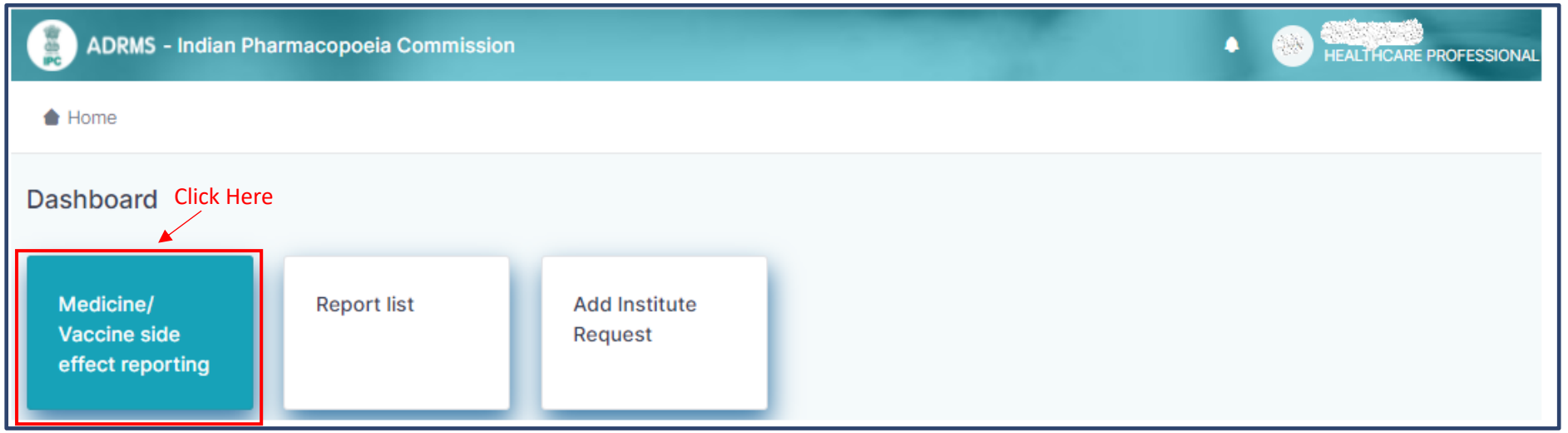
Following Table for Professional Report issue field list:

Serial no.	Field name	Purpose	Is field required
1	Issue type	Select issue type of report	Yes:required
2	Describe your issue	Describe issue within 225 character	Yes:required
3	Upload	Upload file of JPG/PNG/PDF & Max Size: 10 MB	No:Not required

Table2: Professional Report issue field list

5. Medicine/Vaccine side effect report

Step 1: Click on Medicine/Vaccine side effect reporting. A new window of side effect report form will open.



In report there are Initial details, patient details, Medical/Medication history, Test/Laboratory data with dates, Side effect details, Medicine/Vaccine taken/taking details, Upload relevant document these 7 sections are present.

I. Initial details

II. Patient details

III. Medical/Medication history

IV. Test/Laboratory data with dates

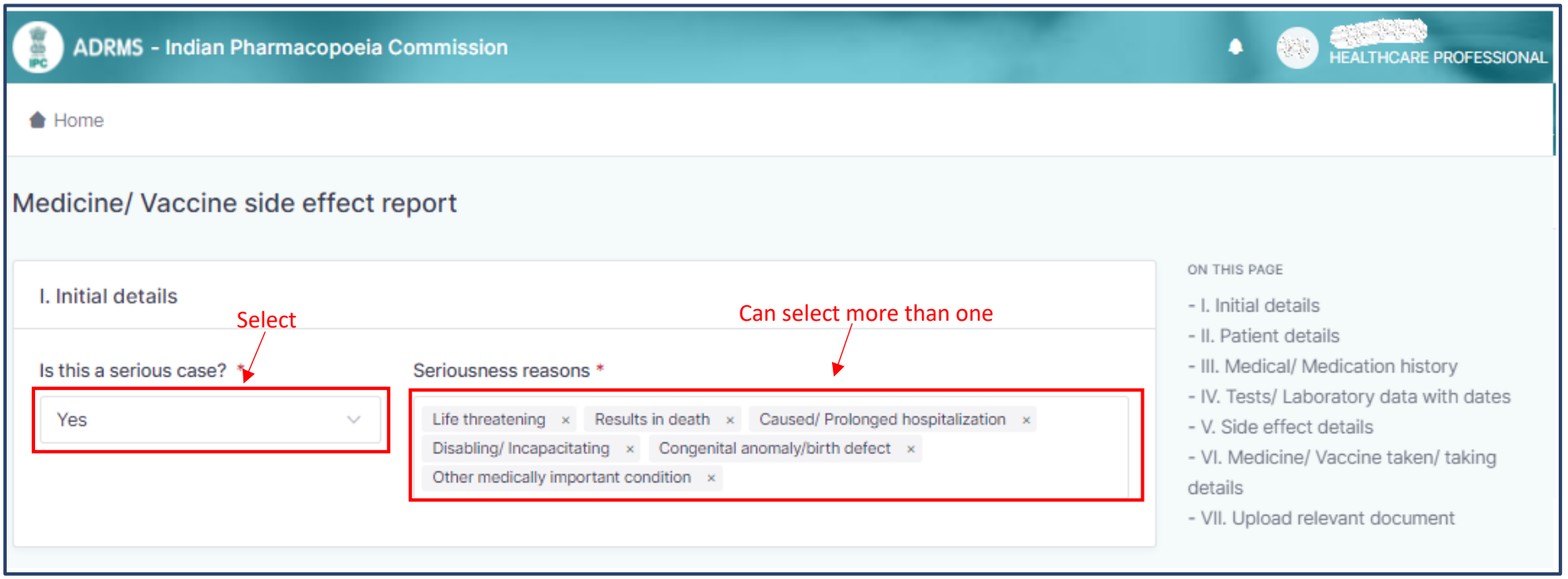
V. Side effect details

VI. Medicine/Vaccine taken/taking details

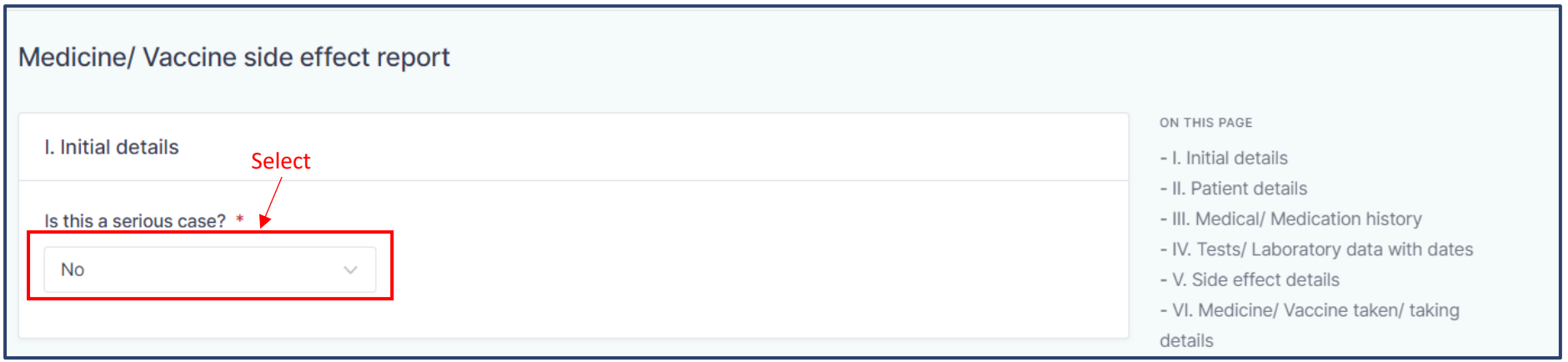
VII. Upload relevant document (these all are link to jump on respective section)

*All fields marked with an asterisk * are mandatory.*

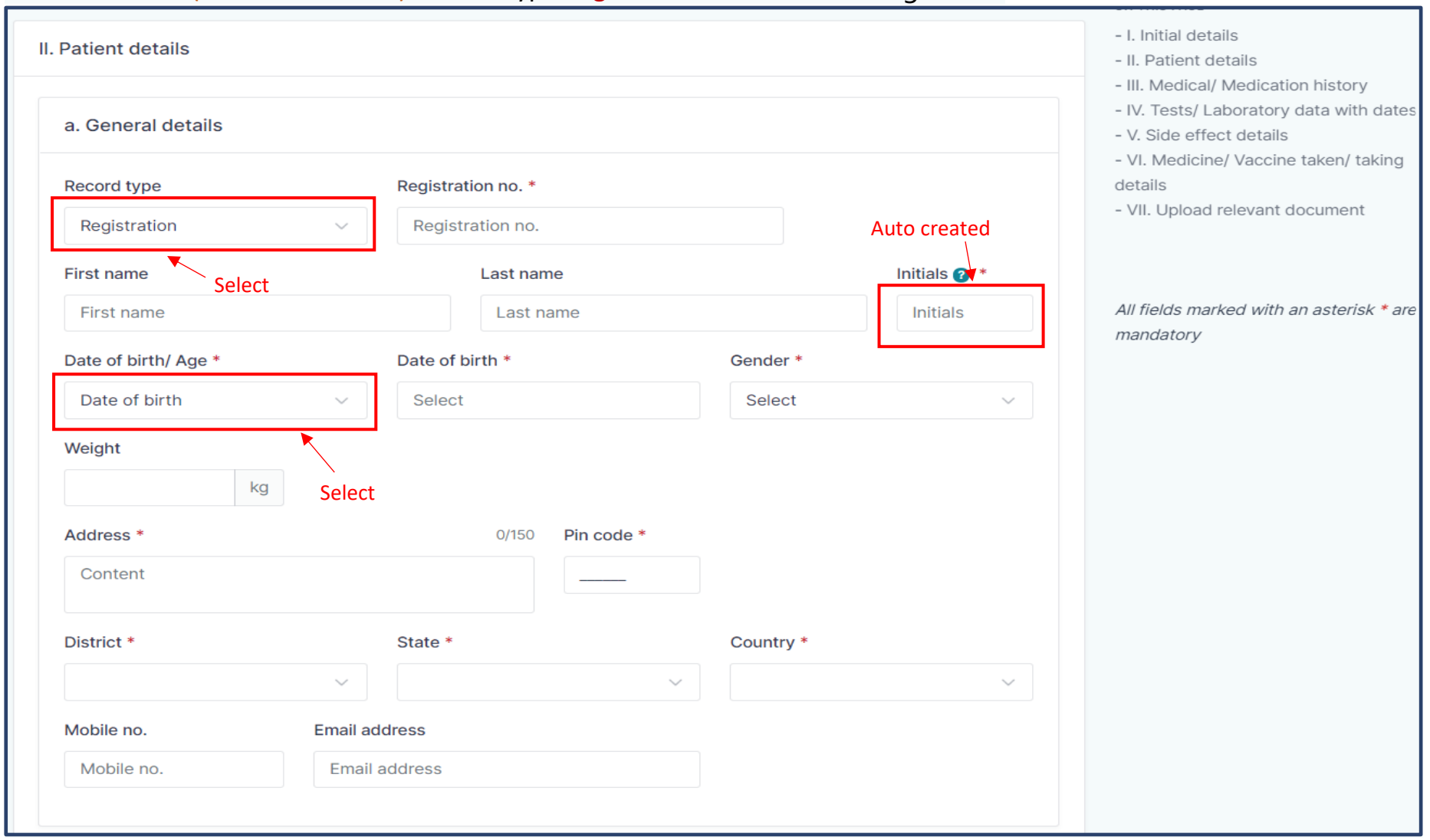
I. Initial details: Is this serious case? Yes. More than one Seriousness reasons can be select.



I. Initial details: Is this serious case? No.



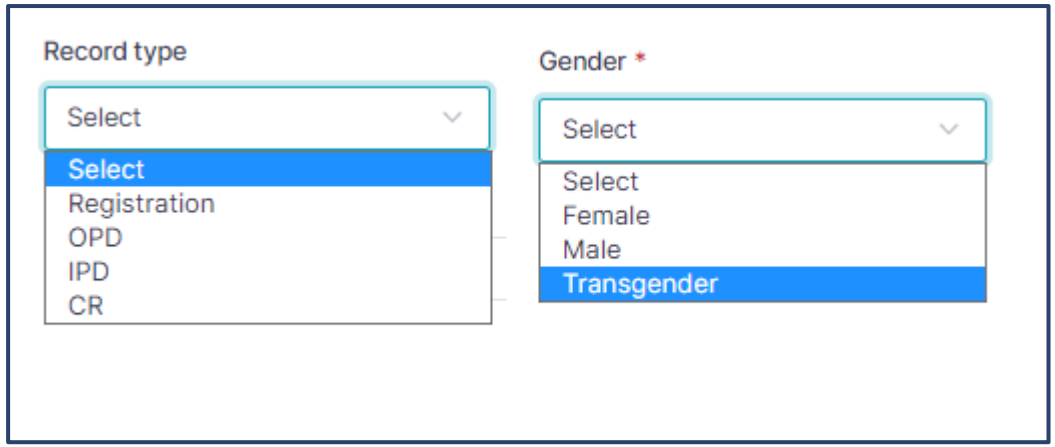
II. Patient detail (a. General details): Record type Registration. Date of birth/Age DOB.



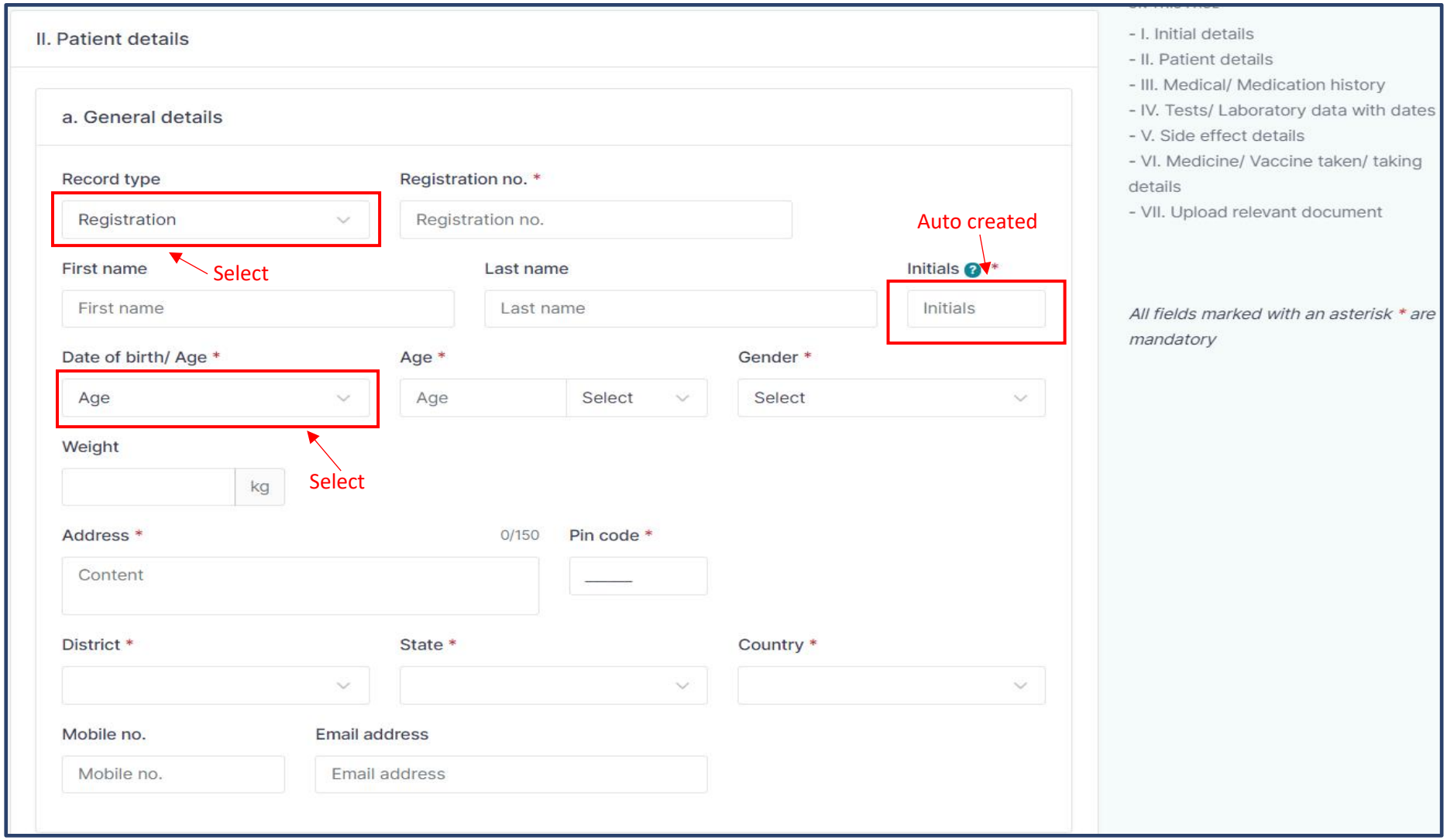
In Patient details there are two details (General details & Habits details).

a. *General details:* In General details select record type (Registration, OPD, IPD, CR options are available and after select these option Registration no., OPD no., IPD no., CR no. respective additional box will appear).Write First name, Last name, Select Date of birth, Select Gender(Female, Male, Transgender option are available),Write Weight, Address, Pin code, District, State, Country, Mobile no., Email address.

Following are the option for **Record type** and **Gender**:

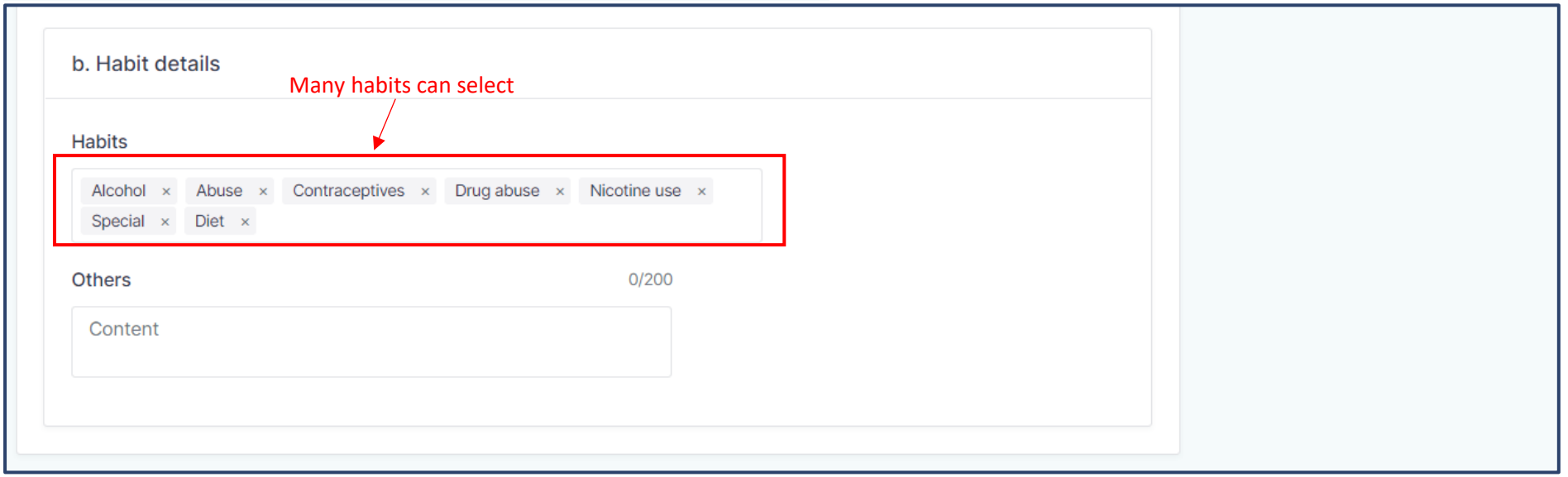


II. Patient detail (a. General details): Record type Registration. Date of birth/Age Age.



a. *General details:* In General details select Record type (Registration, OPD, IPD, CR options are available and after select Registration no., OPD no., IPD no., CR no. additional box will appear).Write First name, Last name, Select Age, Select Gender(Female, Male, Transgender option are available),Write Weight, Address, Pin code, District, State, Country, Mobile no., Email address.
Age: In age there is Decade, Year, Month, Week, Day, Hour these options are available.
Record type: In record type Registration, OPD, IPD, CR options are available and after select these option Registration no., OPD no., IPD no., CR no. respective additional box will appear.

II. Patient detail (b. Habit details): More than one Habits can select.



In Habit details more than one habits can select and in Other write down if have any other habit.

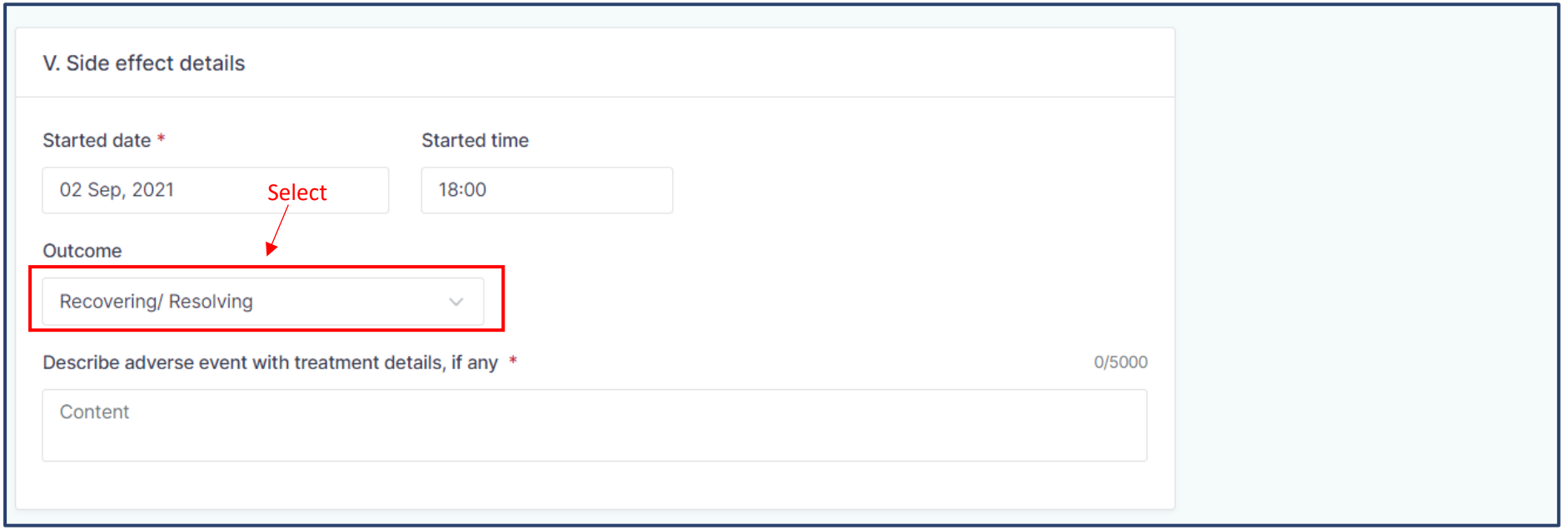
Condition of Others: Enter others, contain letters and spaces, and must not exceed 50 characters length.

III. Medical/ Medication history: Write Relevant medical/medication history.

IV. Tests/ Laboratory data with dates: Write Relevant test/laboratory data with dates.

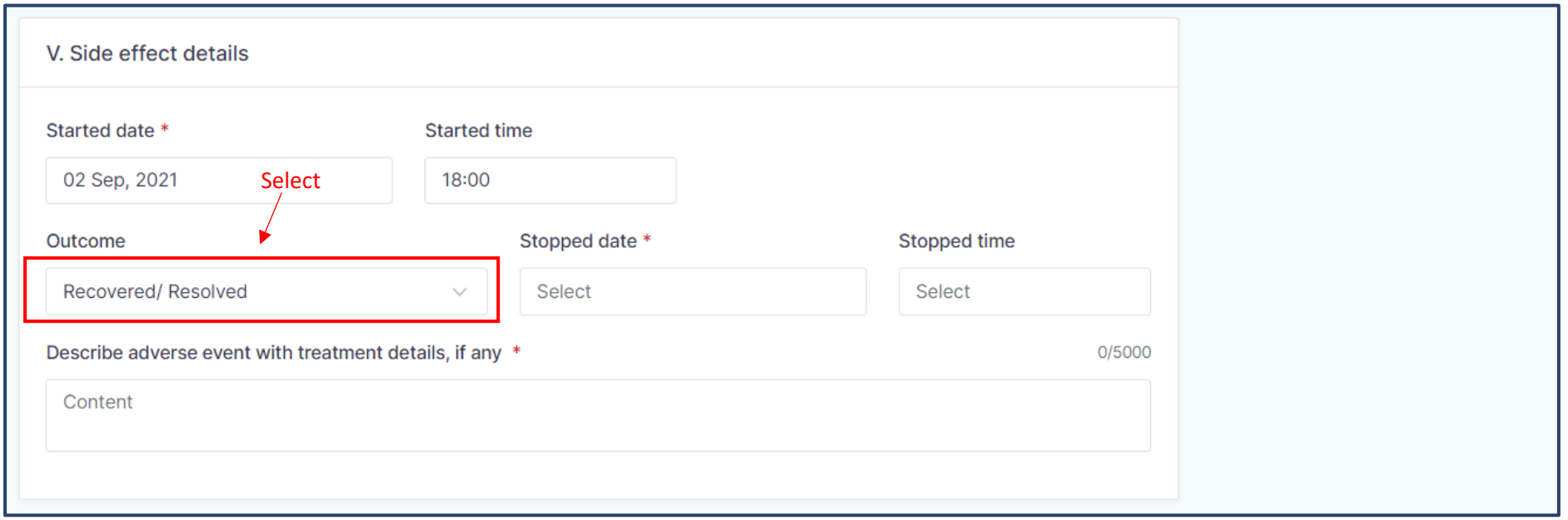
IV. Side effect details: Filled details and select correct option. Outcome Recovering/Resolving.

Select started date of side effect, started time and Outcome. Describe adverse event with treatment details



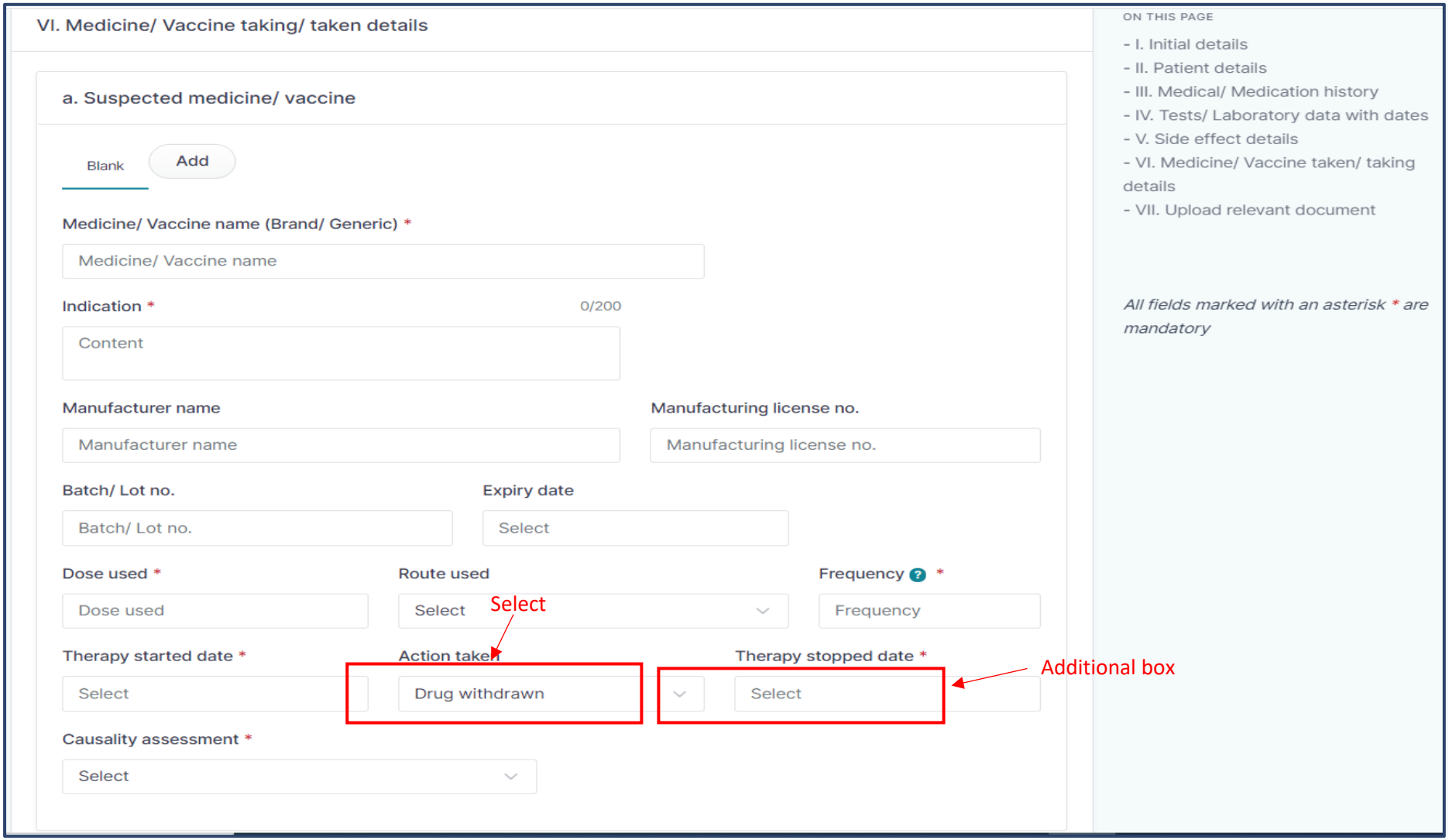
Outcome: In outcome Recovered/Resolved, Recovering/Resolving, Not recovered/Not resolved/ Ongoing, Fatal, Recovered/Resolved with sequelae and Unknown these options are available. If select Recovering/Resolving, Not recovered/Not resolved/ Ongoing, Fatal & Unknown then no any additional box.

IV. Side effect details: Filled details and select correct option. Outcome Recovering/Resolving.



Outcome: In outcome Recovered/Resolved, Recovering/Resolving, Not recovered/Not resolved/ Ongoing, Fatal, Recovered/Resolved with sequelae and Unknown these options are available. *If select Recovered/Resolved & Recovered/Resolved with sequelae then additional box for Stopped date and Stopped time.*

VI.Medicine/Vaccine taking/taken details(a. Suspected medicine/Vaccine): Action taken Drug withdrawn.It given Therapy stopped date additional box.



In Medicine/Vaccine taking/taken details there are three details (Suspected medicine/ vaccine, Concomitant medicine/ vaccine & Additional information).

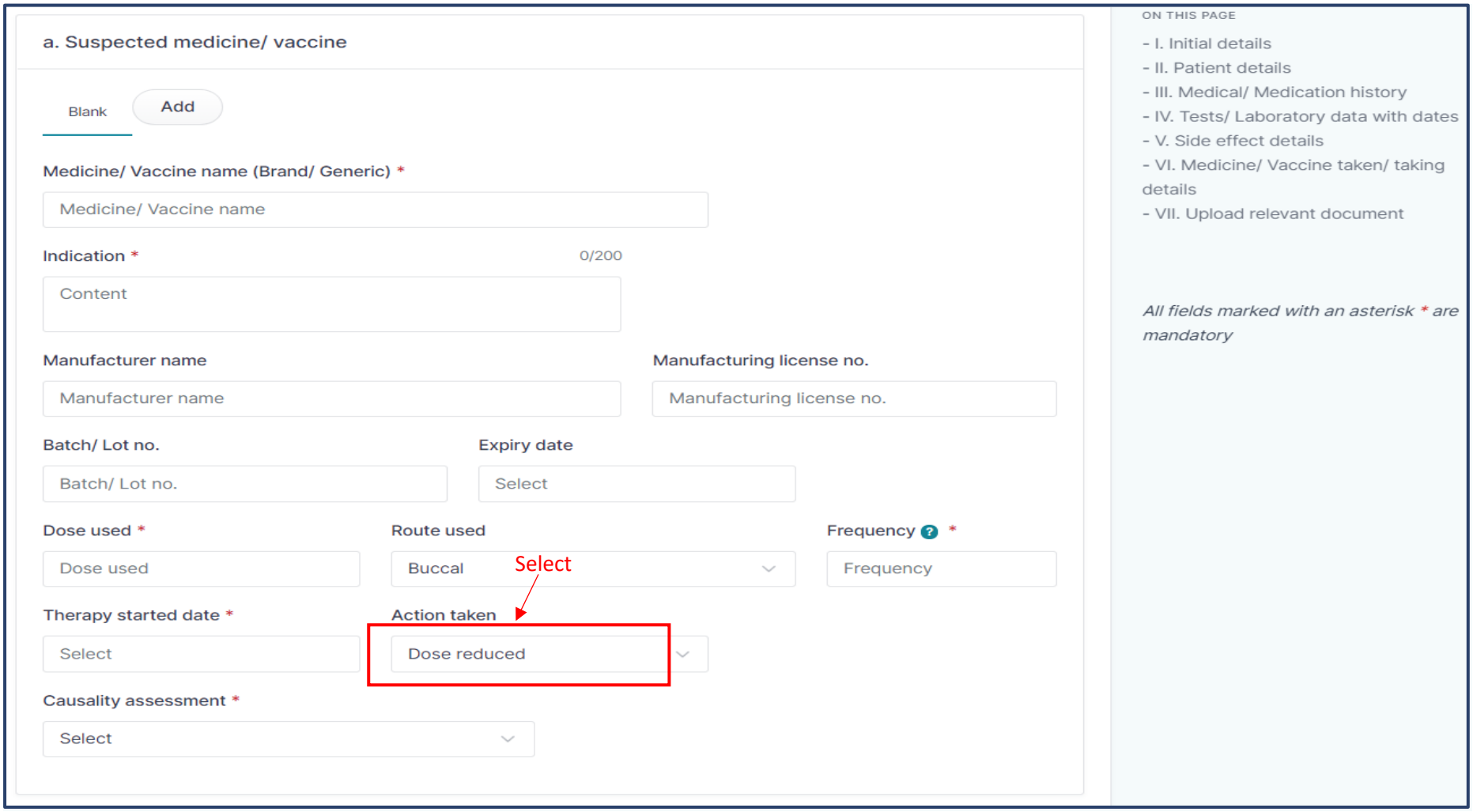
Rout used: In rout used uricular(otic),Buccal,Cutaneous,Dental,Endocervical,Endosinusial,Endotracheal,Epidural,Extra-amniotic,Hemodialysis,Intra corpus cavernosum, Intra-amniotic like this 68 options are available.

In Suspected medicine/ vaccine write Medicine/Vaccine name, Indication, Manufacturer name, Manufacturing license no., Frequency Dose used, and Batch/Lot no. . Select Expiry date, Route used Therapy started date, Action taken, Therapy stopped date, Causality assessment.

Action Taken: In Action taken Drug withdrawn, Dose reduced, Dose increased, Dose not changed, Unknown, Not applicable these option are available. If we select Drug withdrawn then Therapy stopped date additional box will appear.

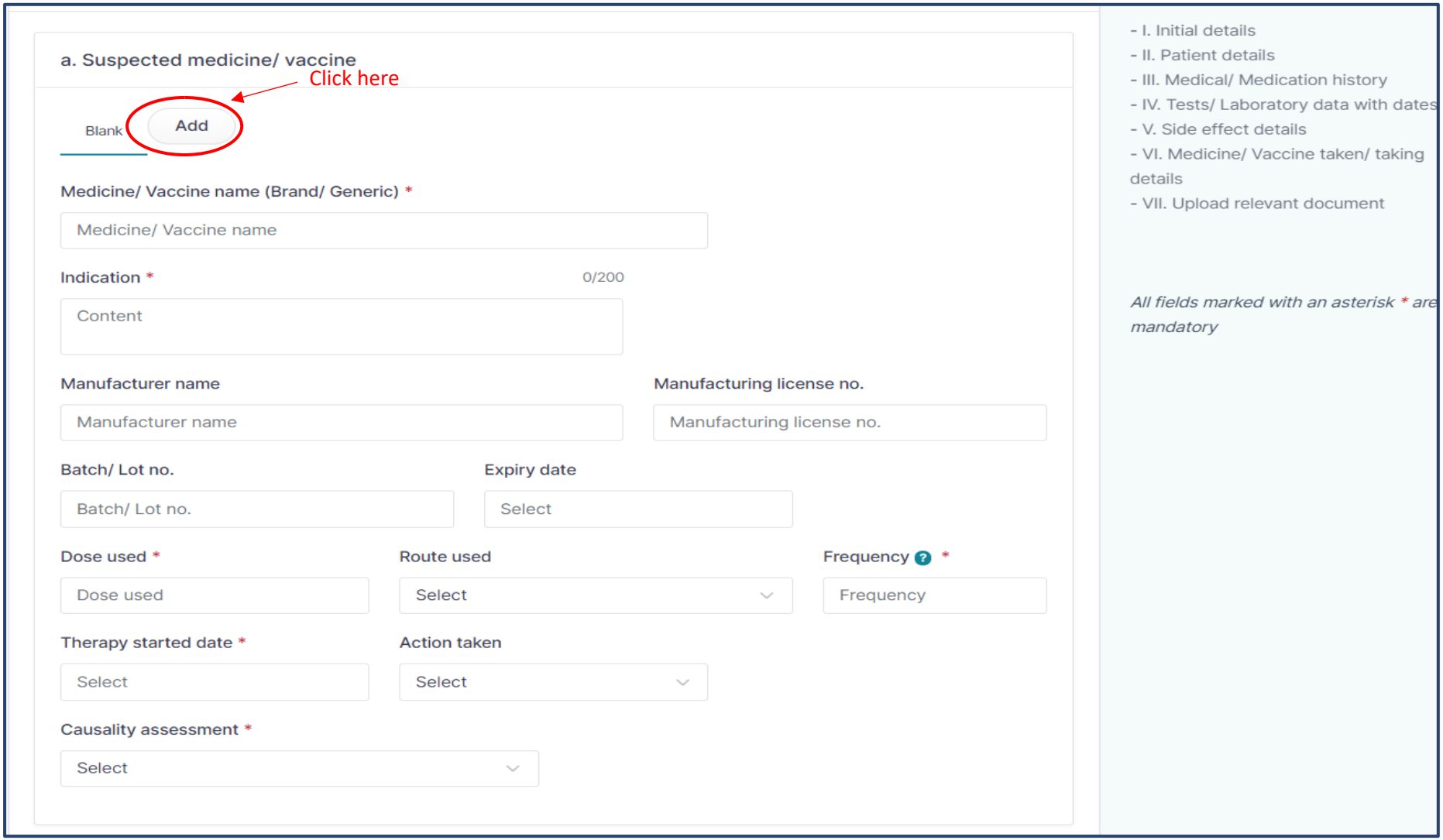
Causality assessment: In Causality assessment Certain, Probable/Likely, Possible, Unlikely, Conditional/Unclassified, Unassessable/Unclassifiable these options are available.

VI.Medicine/Vaccine taking/taken details(a. Suspected medicine/Vaccine): Action taken Dose reduced.

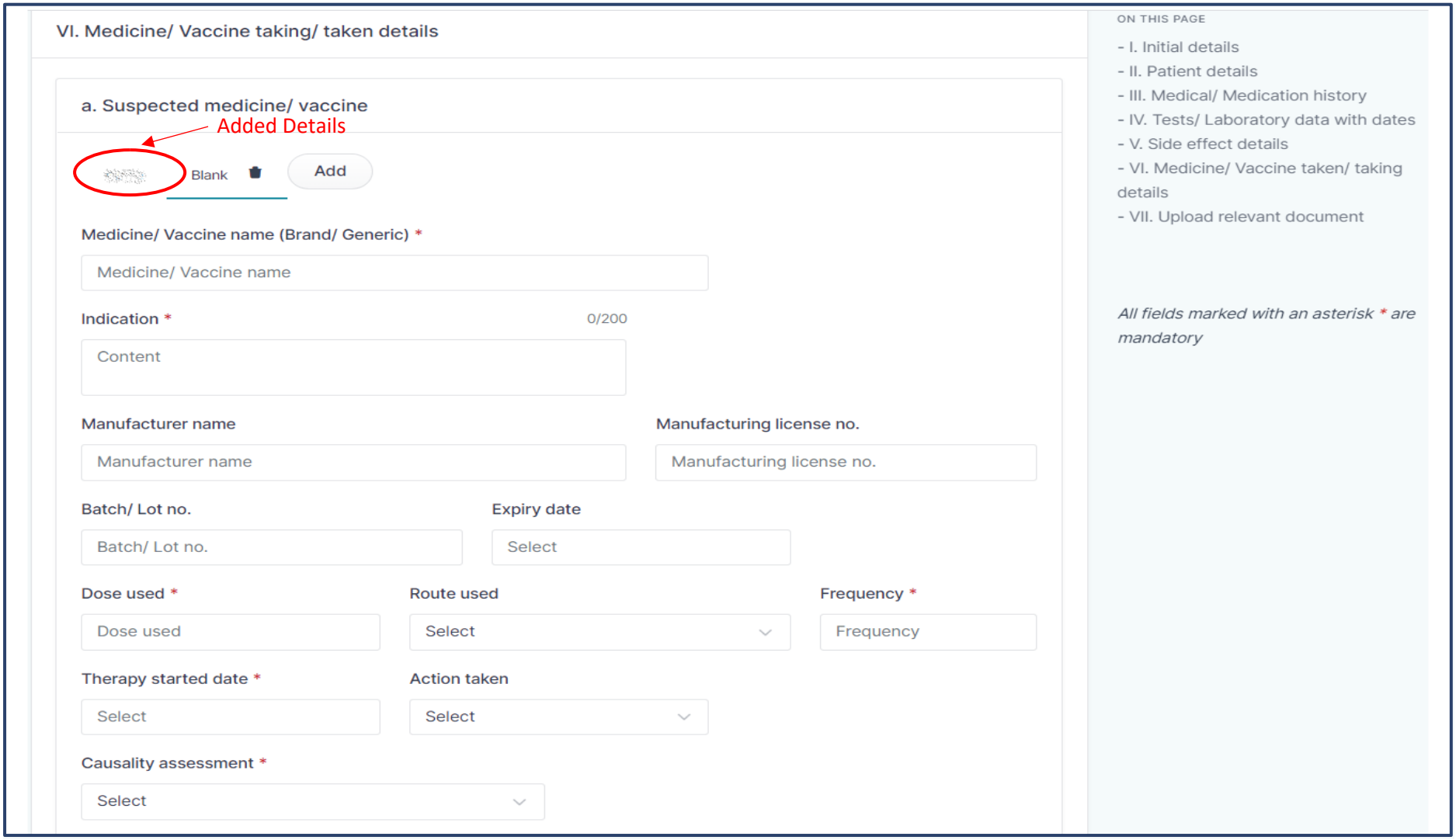


Action Taken: In Action taken Drug withdrawn, Dose reduced, Dose increased, Dose not changed, Unknown, Not applicable these option are available. If we select Dose reduced, Dose increased, Dose not changed, Unknown, Not applicable then no any additional box will appear.

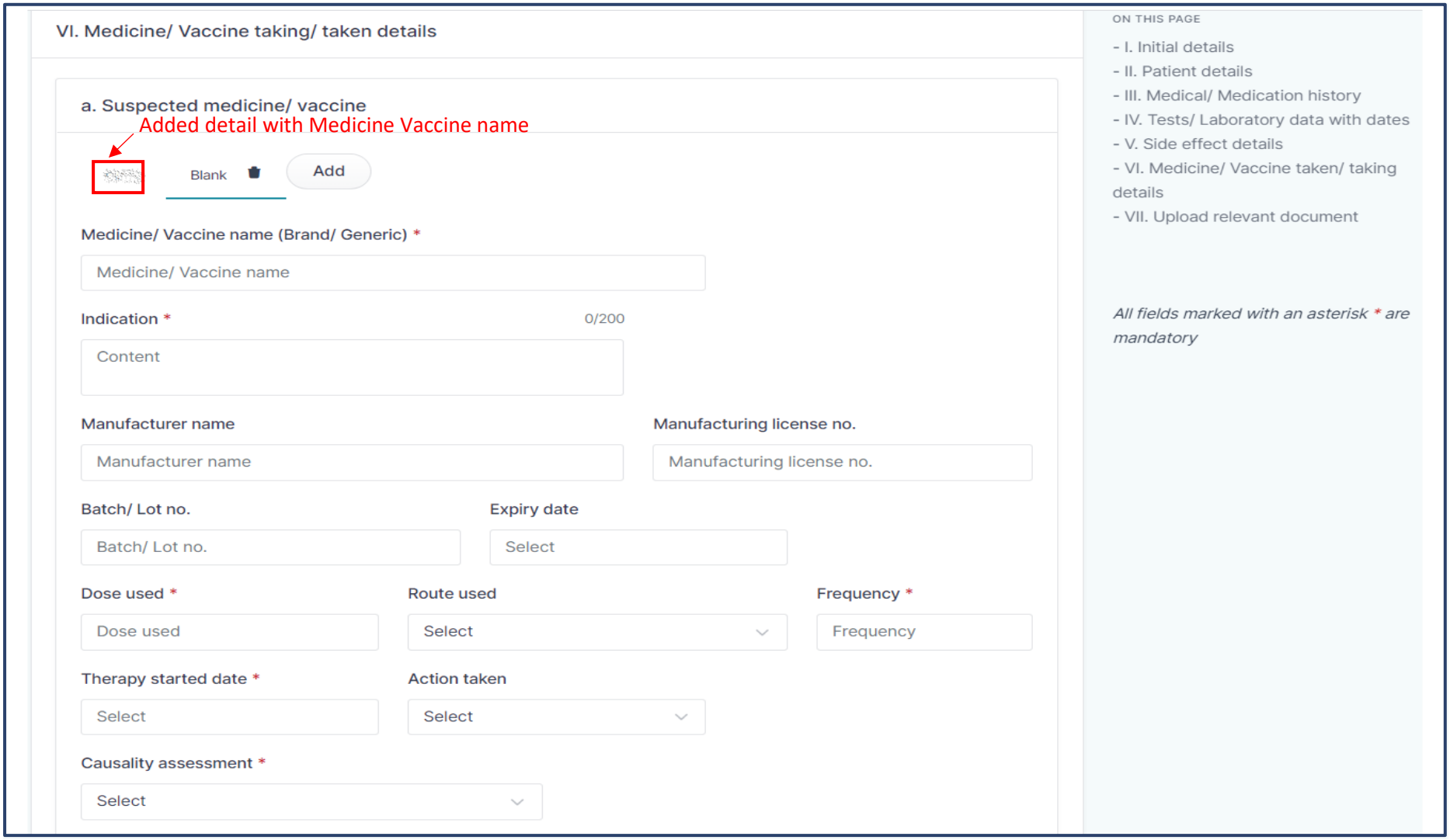
VI. Medicine/Vaccine taken/taking details (a. Suspected medicine/ vaccine): Write all details of Suspected medicine/ vaccine Click on Add, It added the details.



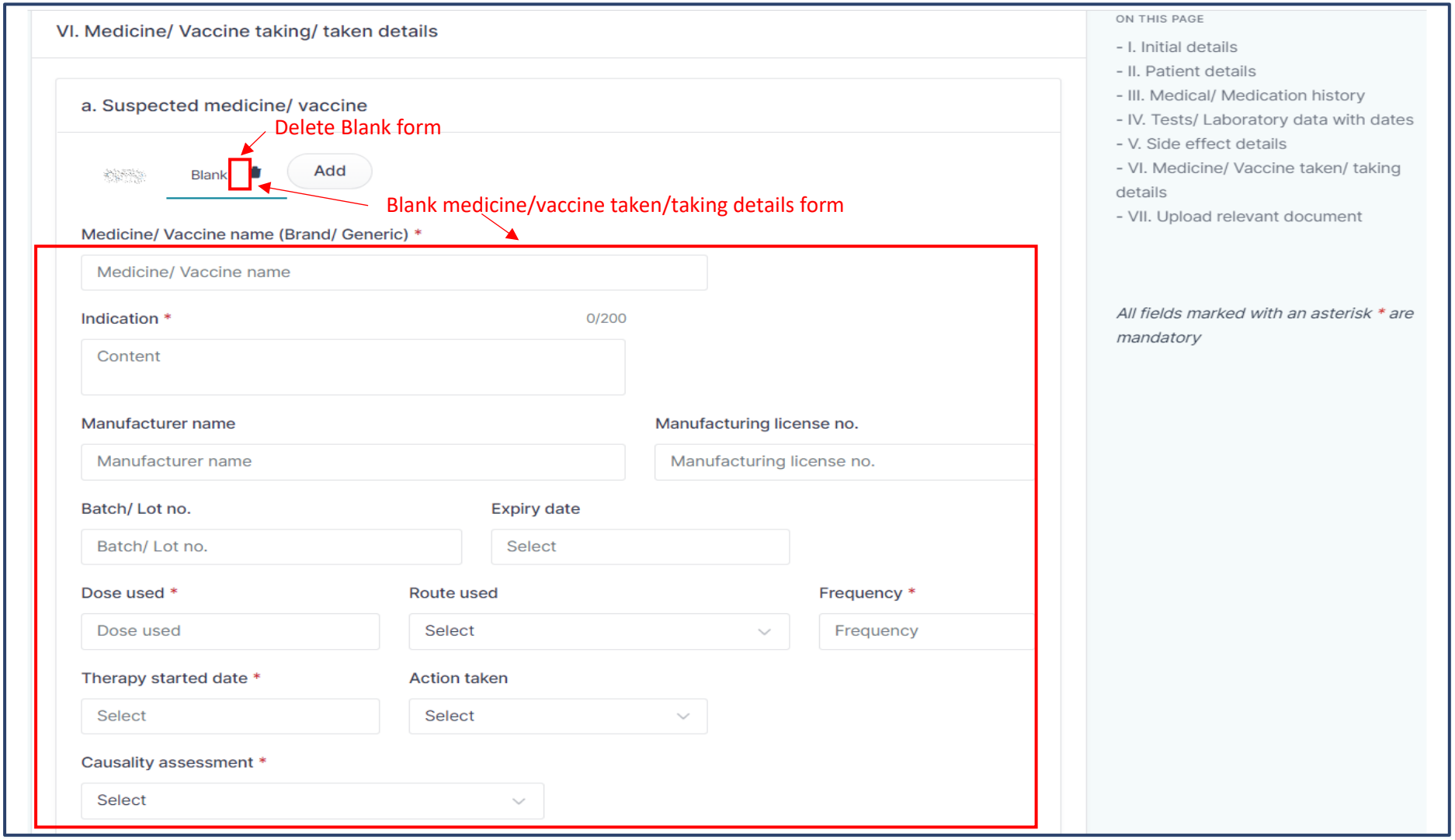
In Suspected medicine/ vaccine write Medicine/Vaccine name, Indication, Manufacturer name, Manufacturing license no., Frequency Dose used, and Batch/Lot no. . Select Expiry date, Route used Therapy started date, Action taken, Therapy stopped date, Causality assessment.


VI. Medicine/ Vaccine taking/ taken details
a. Suspected medicine/ vaccine
Added Details
Blank
Add
Medicine/ Vaccine name (Brand/ Generic) *
Medicine/ Vaccine name
Indication *
0/200
Content
Manufacturer name
Manufacturer name
Manufacturing license no.
Manufacturing license no.
Batch/ Lot no.
Batch/ Lot no.
Expiry date
Select
Dose used *
Dose used
Route used
Select
Frequency *
Frequency
Therapy started date *
Select
Action taken
Select
Causality assessment *
Select
ON THIS PAGE
- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document
All fields marked with an asterisk * are mandatory

VI. Medicine/Vaccine taken/taking details (a. Suspected medicine/ vaccine): It add Suspected medicine/ vaccine with Medicine/Vaccine name.



VI. Medicine/Vaccine taken/taking details (a. Suspected medicine/ vaccine): Click on Delete link. It remove blank Suspected medicine/ vaccine blank form.



a. Suspected medicine/ vaccine

Remove Blank form

Add

Medicine/ Vaccine name (Brand/ Generic) *

Indication * 9/200

Manufacturer name

Manufacturing license no.

Batch/ Lot no.

Expiry date

Dose used *

Route used

Frequency *

Therapy started date *

Action taken

Therapy stopped date *

Causality assessment *

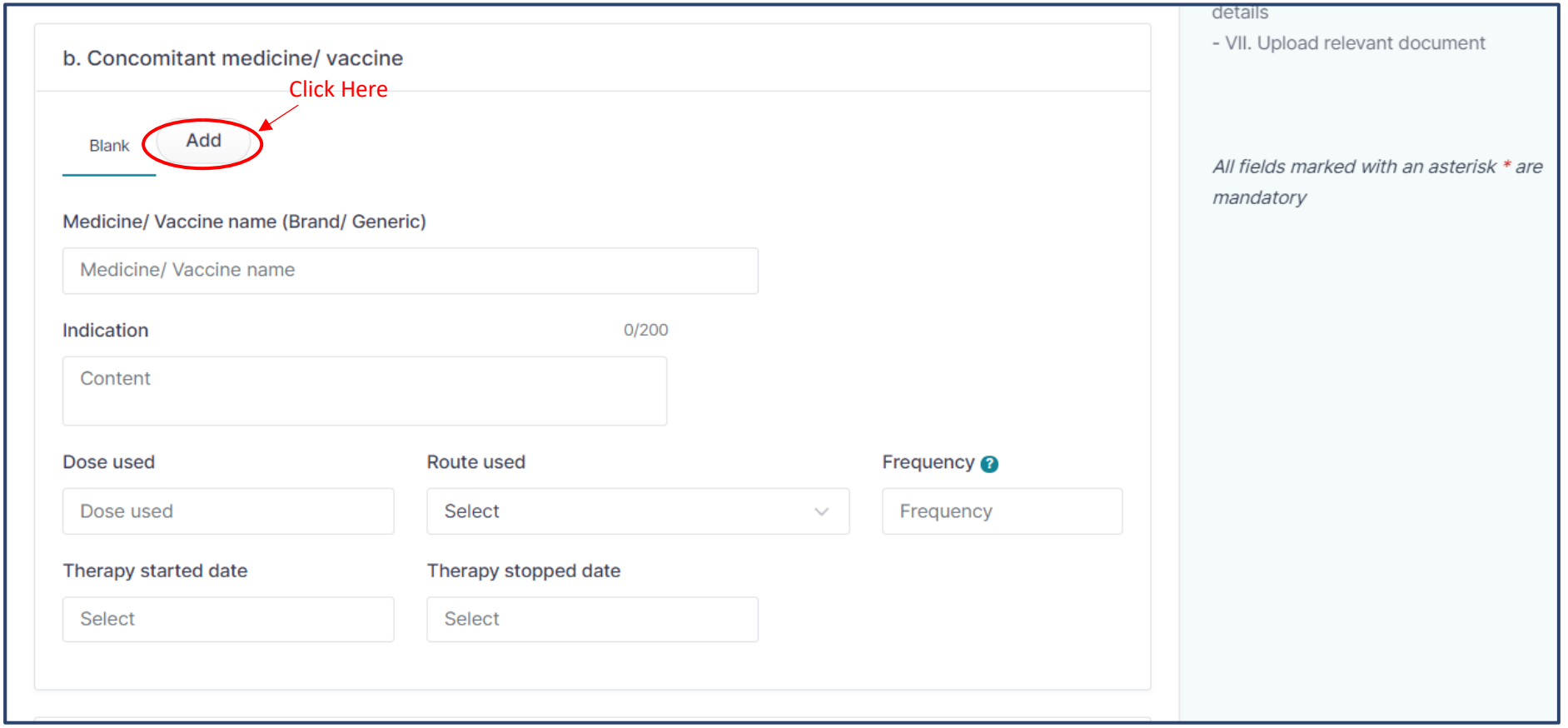
ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

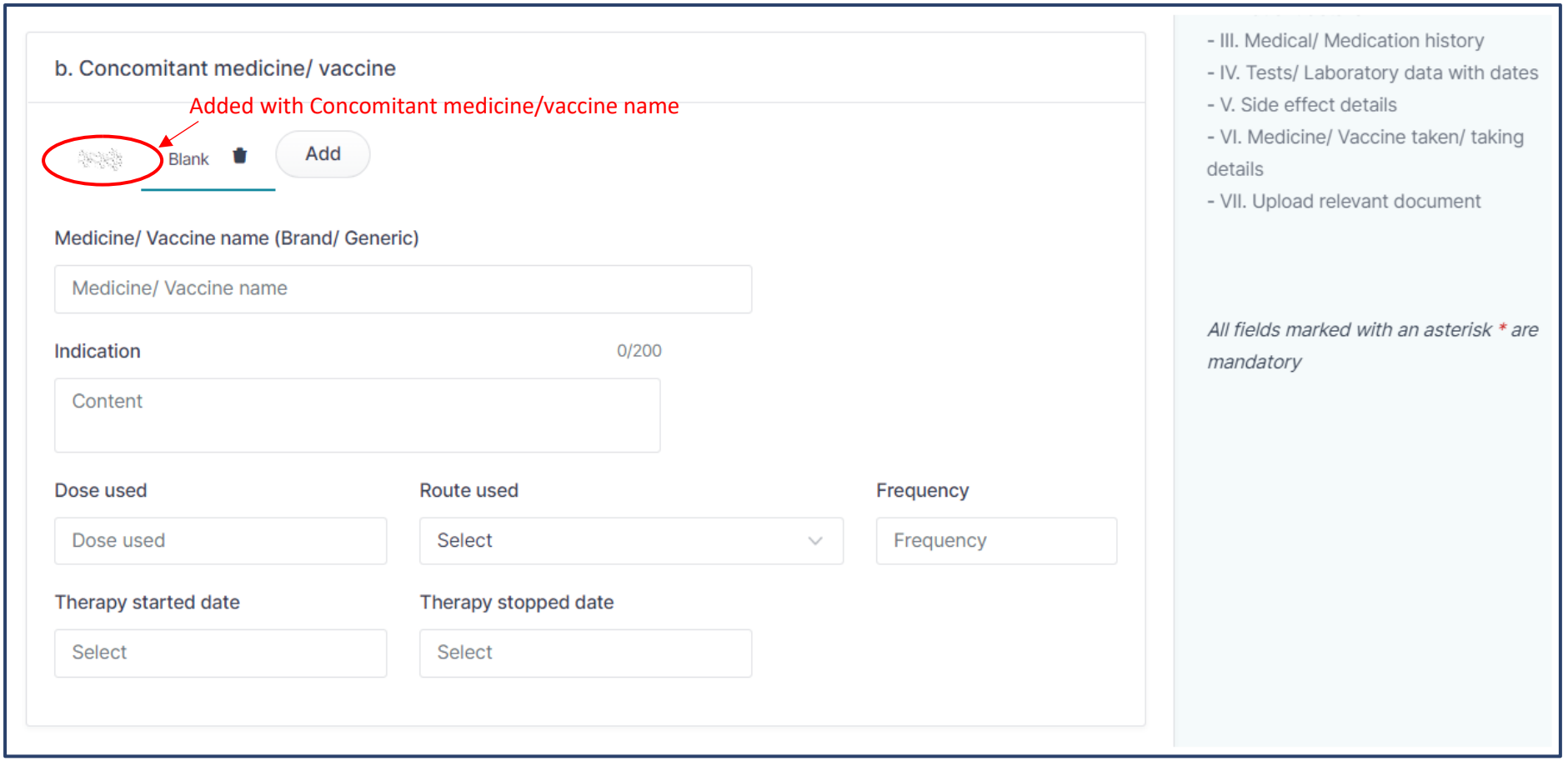
*All fields marked with an asterisk * are mandatory*

VI. Medicine/Vaccine taking/taken details(b. Concomitant medicine/ vaccine): Write all Details and Select correct option.Click on Add.Details are added with medicine/vaccine name.

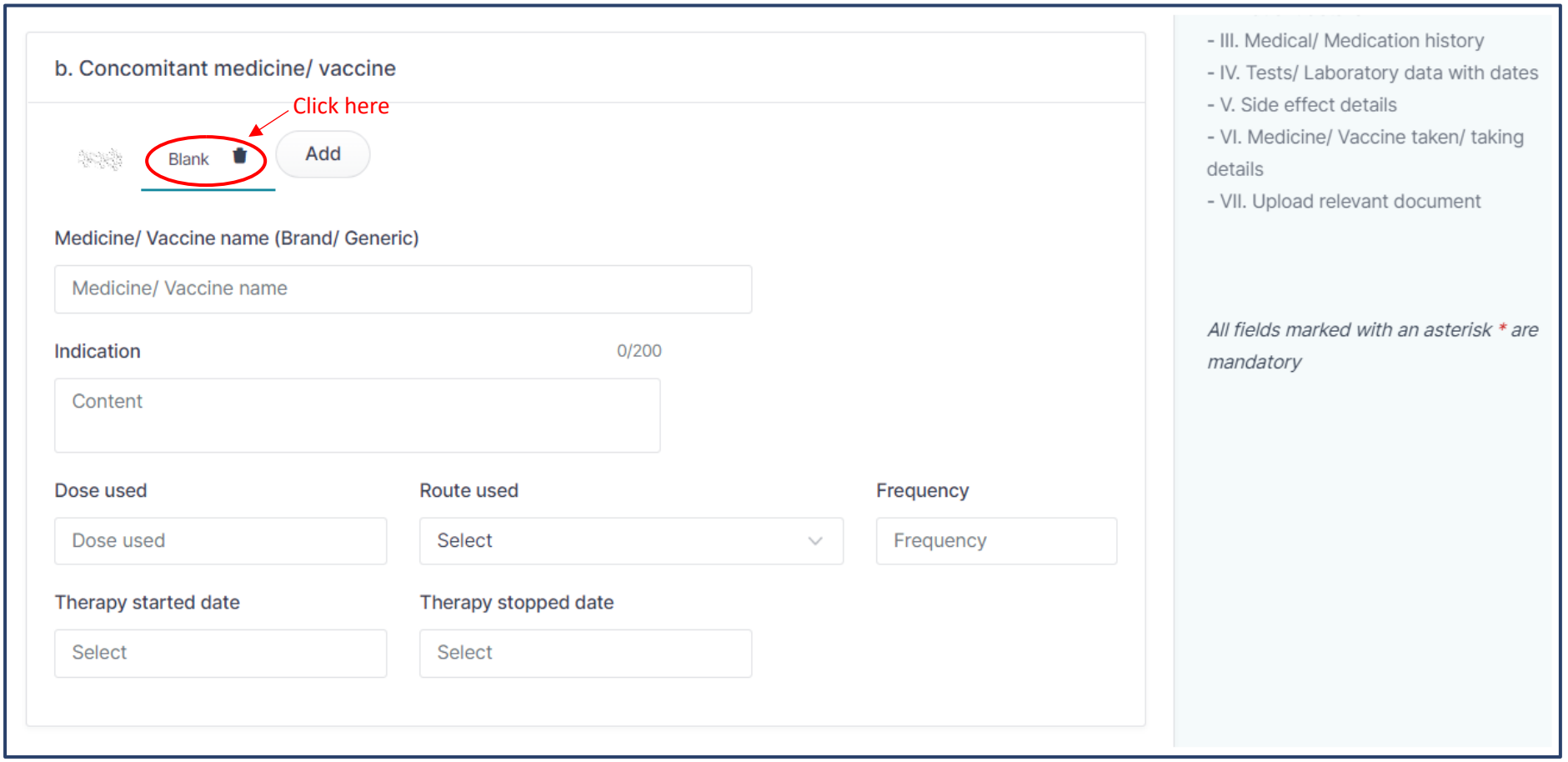
In Concomitant medicine/vaccine form write Medicine/Vaccine name, Indication, Dose used, Frequency and select Route used, Therapy started date,Therapy stopped date.

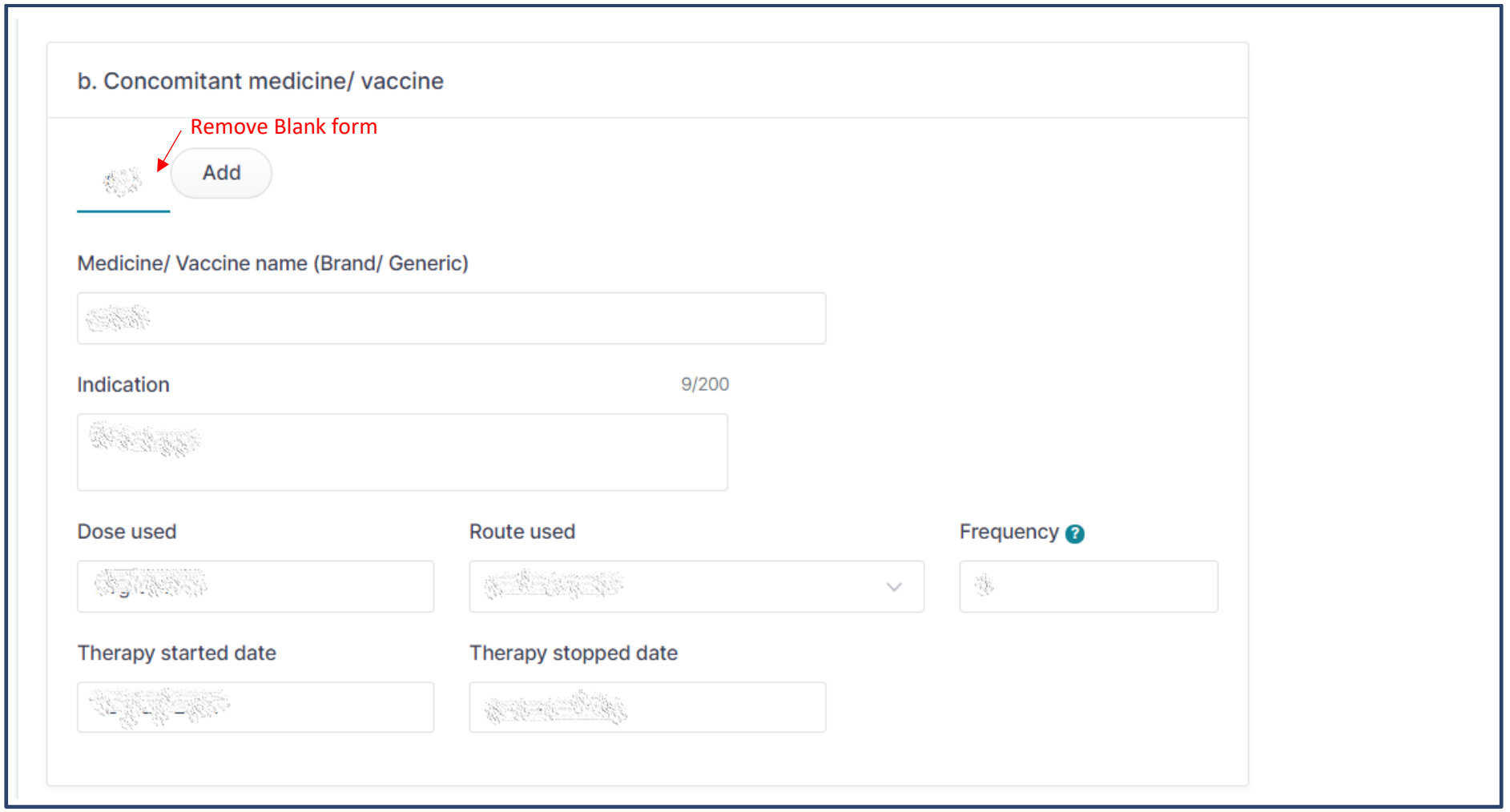


Rout used: In rout used uricular(otic),Buccal,Cutaneous,Dental,Endocervical,Endosinusial,Endotracheal,Epidural,Extra-amniotic,Hemodialysis,Intra corpus cavernosum, Intra-amniotic like this 68 options are available.

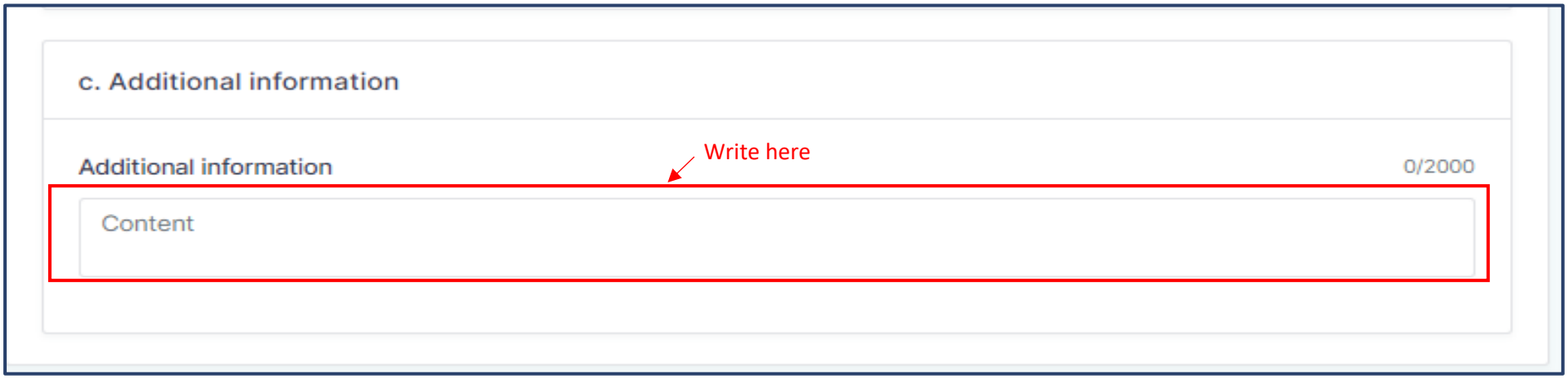

b. Concomitant medicine/ vaccine
Added with Concomitant medicine/vaccine name
Blank
Add
Medicine/ Vaccine name (Brand/ Generic)
Medicine/ Vaccine name
Indication
0/200
Content
Dose used
Route used
Frequency
Dose used
Select
Frequency
Therapy started date
Therapy stopped date
Select
Select
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document
All fields marked with an asterisk * are mandatory

VI.Medicine/Vaccine taking/taken details(b. Concomitant medicine/ vaccine): Click on Delete sign it will remove blank form.



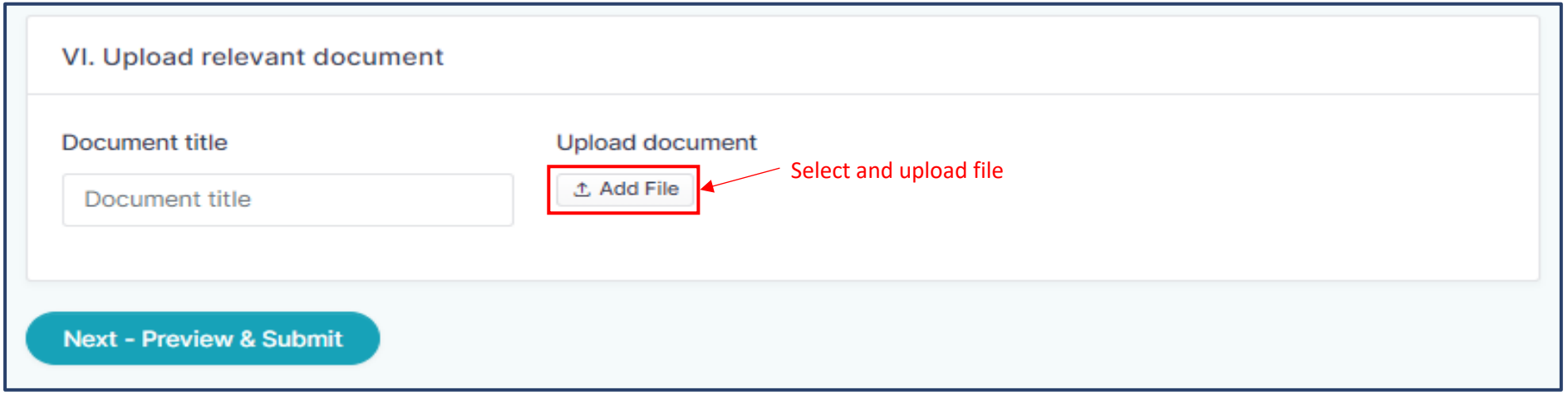

b. Concomitant medicine/ vaccine
Remove Blank form
Add
Medicine/ Vaccine name (Brand/ Generic)
Indication
9/200
Dose used
Route used
Frequency
Therapy started date
Therapy stopped date

VI.Medicine/Vaccine taking/taken details(c. Additional information): Write additional information if available.

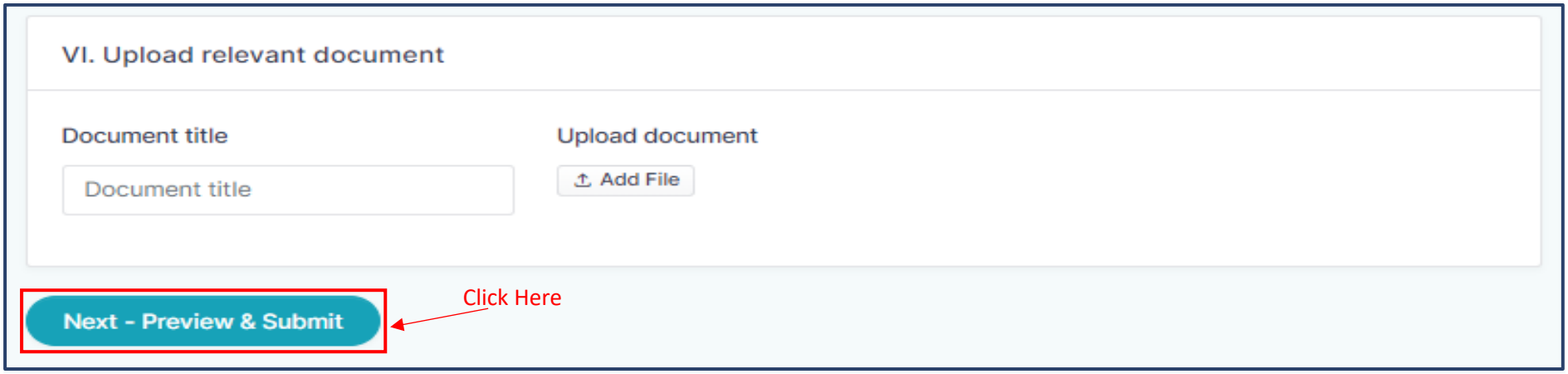


VI. Upload relevant document: Upload side effect report related document.

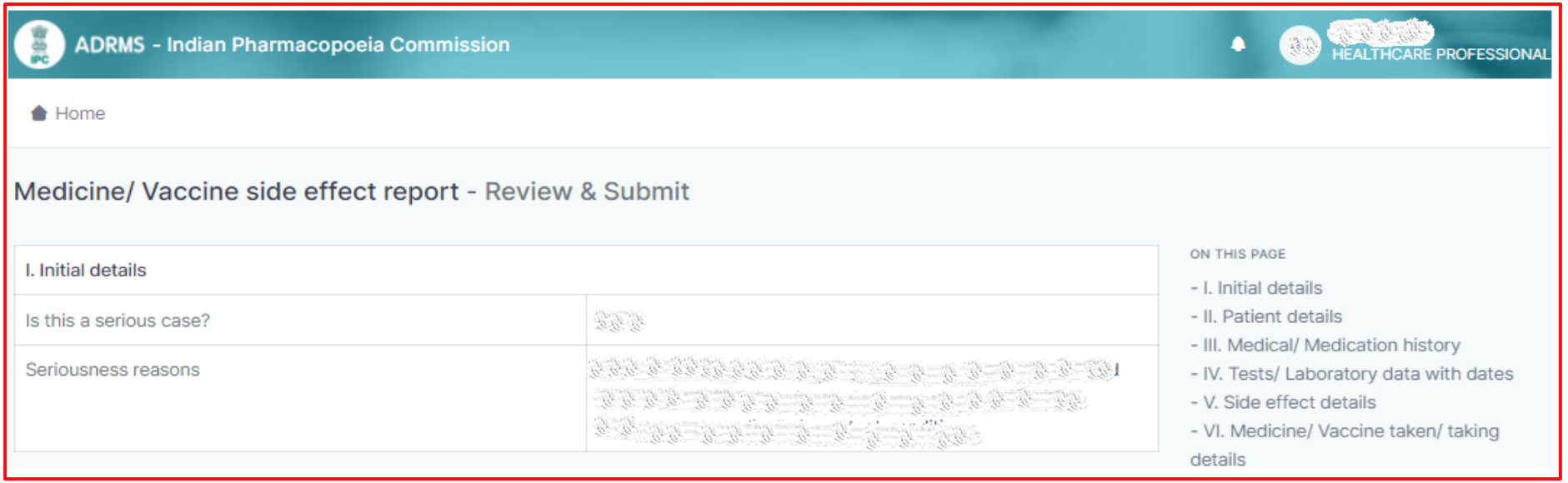
Write document title and upload the document if available.



Step 2: Click on Next-Preview & Submit. New window of Review & submit report will open.



Window of Review & Submit report



II. Patient details	
a. General details	
Record type	
Record no.	
First name	
Last name	
Initials	
Date of birth/ Age	
Date of birth	
Age	
Gender	
Weight	
Address	
Pin code	
District	
State	
Country	
Mobile no.	
Email address	

- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

b. Habit details	
Habits	
Others	

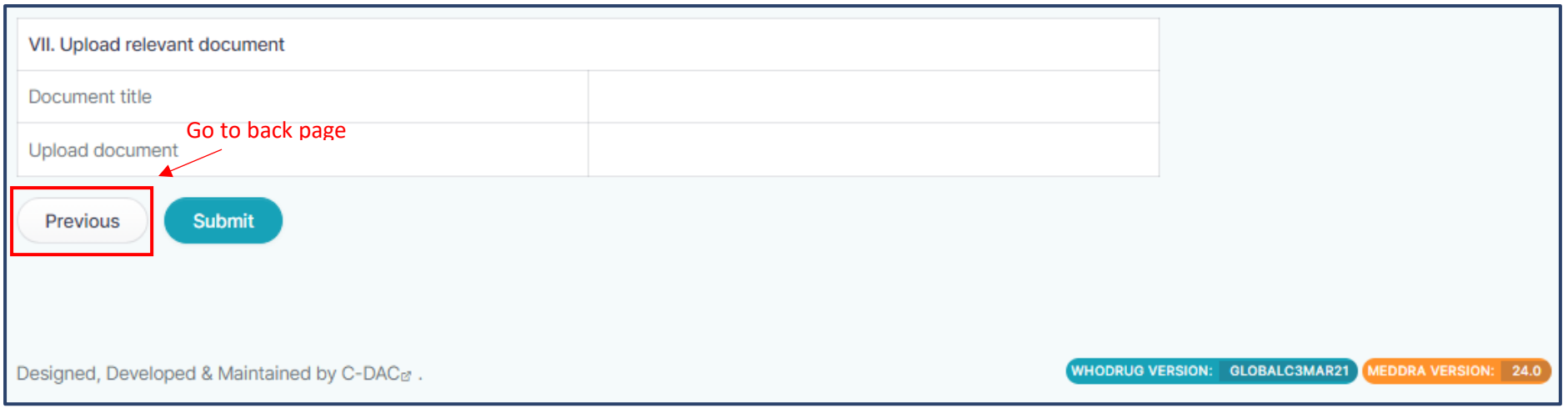
III. Medical/ Medication history	
Relevant medical/ medication history	

IV. Tests/ Laboratory data with dates	
Relevant tests/ laboratory data with dates	

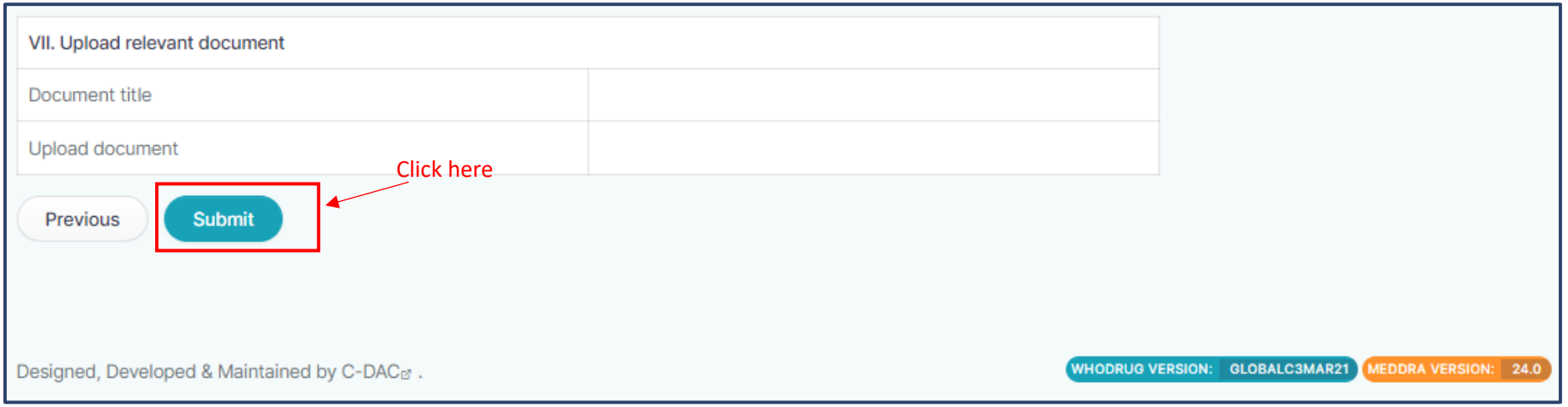
V. Side effect details	
Started date	
Started time	
Outcome	
Stopped date	
Stopped time	
Describe adverse event with treatment details, if any	

VI. Medicine/ Vaccine taking/ taken details	
a. Suspected medicine/ vaccine	
1.	
Medicine/ Vaccine name (Brand/ Generic)	
Indication	
Manufacturer name	
Manufacturing license no.	
Batch/ Lot no.	
Expiry date	
Dose used	
Route used	
Frequency	
Therapy started date	
Action taken	
Therapy stopped date	
Reaction reappeared after reintroduction	
Dose	
Causality assessment	

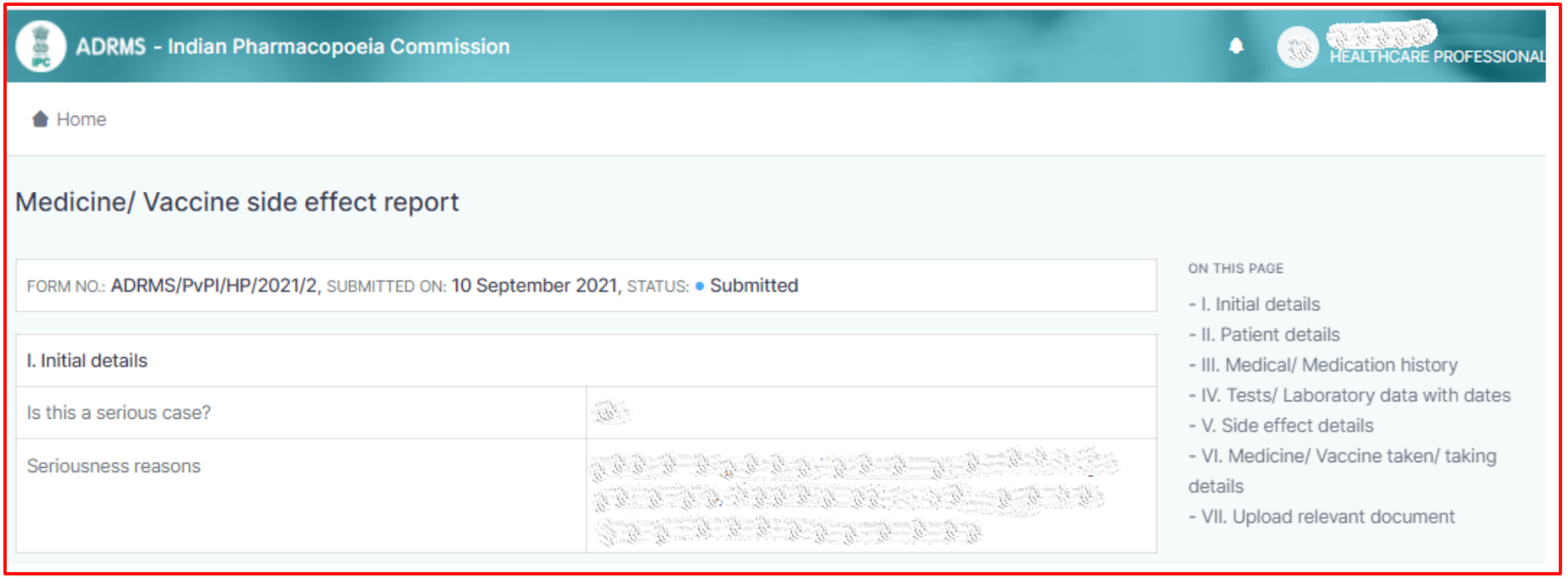
b. Concomitant medicine/ vaccine	
1.	
Medicine/ Vaccine name (Brand/ Generic)	
Indication	
Dose used	
Route used	
Frequency	
Therapy started date	
Therapy stopped date	
c. Additional information	
Additional information	



Step 3: Click on Submit. New window of submitted report will open.



Window of submitted report



This submitted report shows Form no. , submitted date and Status.

II. Patient details	
a. General details	
Record type	
Record no.	
First name	
Last name	
Initials	
Date of birth/ Age	
Date of birth	
Age	
Gender	
Weight	
Address	
Pin code	
District	
State	
Country	
Mobile no.	
Email address	

b. Habit details	
Habits	
Others	

III. Medical/ Medication history	
Relevant medical/ medication history	

IV. Tests/ Laboratory data with dates	
Relevant tests/ laboratory data with dates	

V. Side effect details	
Started date	
Started time	
Outcome	
Stopped date	
Stopped time	
Describe adverse event with treatment details, if any	

VI. Medicine/ Vaccine taking/ taken details	
a. Suspected medicine/ vaccine	
1.	
Medicine/ Vaccine name (Brand/ Generic)	
Indication	
Manufacturer name	
Manufacturing license no.	
Batch/ Lot no.	
Expiry date	
Dose used	
Route used	
Frequency	
Therapy started date	
Action taken	
Therapy stopped date	
Reaction reappeared after reintroduction	
Dose	
Causality assessment	

b. Concomitant medicine/ vaccine	
1.	
Medicine/ Vaccine name (Brand/ Generic)	
Indication	
Dose used	
Route used	
Frequency	
Therapy started date	
Therapy stopped date	
c. Additional information	
Additional information	

VII. Upload relevant document	
Document title	
Upload document	

Designed, Developed & Maintained by C-DAC .

WHODRUG VERSION: GLOBALC3MAR21 MEDDRA VERSION: 24.0

These are the simple three step form to submitting Medicine/Vaccine side effect report.

Following Table for Professional Medicine/Vaccine side effect report field list:

Serial no.	Field name	Purpose	Is field required
I. Initial details			
1	Is this a serious case?	Select Yes or No	Yes:required
2	Seriousness reason	Select reasons(can select more than one)	Yes:required
II.Patient details(a.General details)			
3	Record type	Select record type	No:Not required
4	First name	First name of patient	Yes:required
5	Last name	Last name of patient	Yes:required
6	Initials	First & last name intial is auto generated	Yes:required
7	Date of birth	Select DOB	Yes:required
8	Age	Select unit and enter age	Yes:required
9	Gender	Select gender of patient	Yes:required
10	Weight	Enter in Kg	No:Not required
11	Address	Write area name	Yes:required
12	Pin code	Valid 6 digit pin code	Yes:required
13	District	Auto select	Yes:required
14	State	Auto select	Yes:required
15	Country	Auto select	Yes:required
16	Mobile no.	10 digit mobile number and should unique	No:Not required
17	Email address	valid email address & should unique	No:Not required
II.Patient details(b.Habit details)			
18	Habits	Select habits as many you have	No:Not required
19	Other	Write other habit if have within 200 char length	No:Not required
III. Medical/ Medication history			
20	Relevant history?	Write history within 5000 char length	No:Not required
IV. Tests/ Laboratory data with dates			

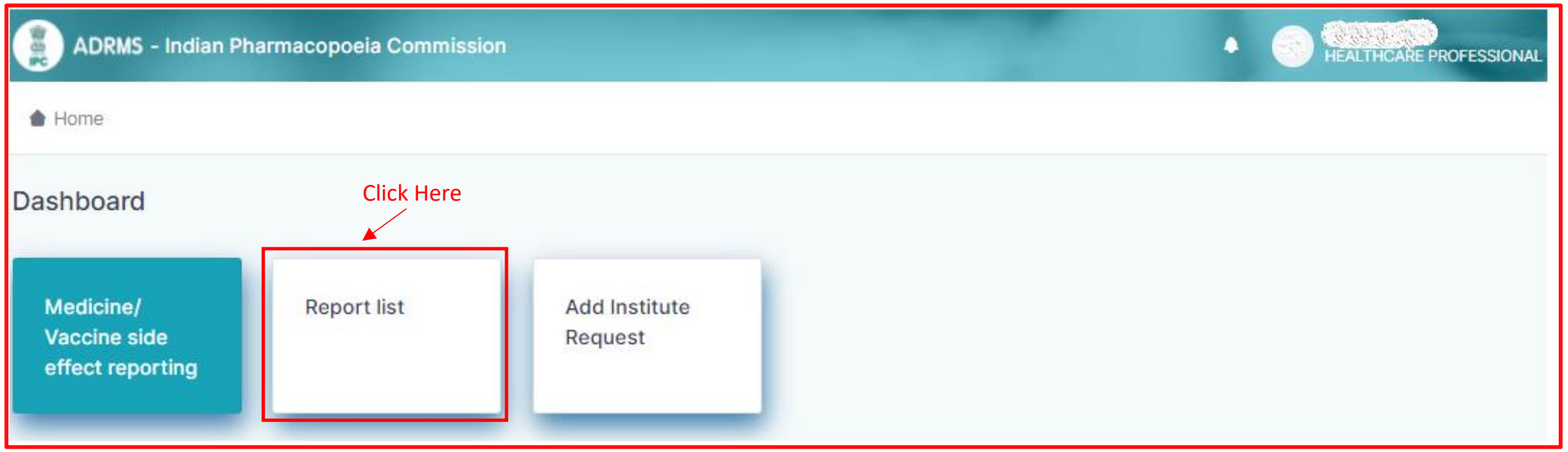
21	Relevant data with dates	Write dates within 5000 char length	No:Not required
V. Side effect details			
22	Started date	Select side effect start date	Yes:required
23	Started time	Select side effect time	No:Not required
24	Outcome	Select any one	No:Not required
25	Describe adverse details, if any	Write within 5000 char length	Yes:required
VI. Medicine/ Vaccine taking/ taken details(a.Suspected Medicine/Vaccine)			
26	Medicine/ Vaccine name (Brand)	Write name within 100 char length	Yes:required
27	Indication	Write indication within 200 char length	Yes:required
28	Manufacturer name	Write manufacturer name	No:Not required
29	Manufacturing license no.	Write license no.	No:Not required
30	Batch/Lot no.	Write Medicine/Vaccine batch no.	No:Not required
31	Expiry date	Select date from calender	No:Not required
32	Dose used	Name of Dose	Yes:required
33	Route used	Who advised to take this dose	No:Not required
34	Frequency	Enter within 50 char length	Yes:required
35	Therapy started date	Select date from calender	Yes:required
36	Action taken	Select action like dose increase/decrease	No:Not required
37	Therapy stopped date	Select date from calender	Yes:required
38	Reaction reappeared after reintroduction	Select Yes or No	Yes:required
39	Causality assessment	Select any one	Yes:required
VI. Medicine/ Vaccine taking/ taken details(b.Concomitant medicine/Vaccine)			
40	Medicine/ Vaccine name (Brand)	Write name of Medicine/Vaccine	No:Not required
41	Indication	Write Symptom within 200 char length	No:Not required
42	Dose used	Name of Dose	No:Not required
43	Route used	Who advised to take this dose	No:Not required
44	Frequency	Enter within 50 char length	No:Not required
45	Therapy started date	Select date from calender	No:Not required

46	Therapy stopped date	Select date from calender	No:Not required
VI. Medicine/ Vaccine taking/ taken details(c.Additional information)			
47	Additional information	Write within 2000 char length	No:Not required
VII. Upload relevant document			
48	Document title	Write document name	No:Not required
49	Upload document	Doc format is JPG/PDF/MP4 & Max size:10MB	No:Not required

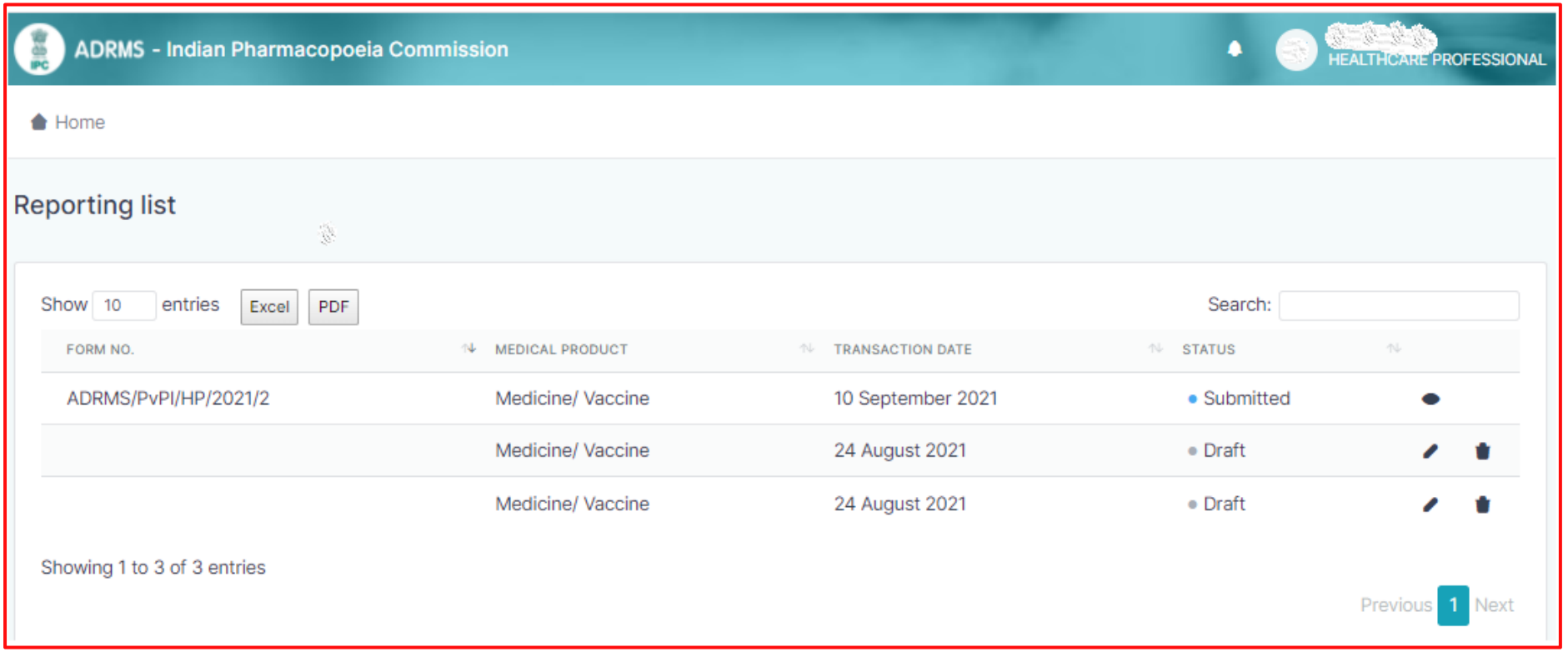
Table3: Professional Medicine/Vaccine side effect report field list

6. Report List

Step 1: Click on Report list. A new window of submitted Report list will open.



New window of submitted report list

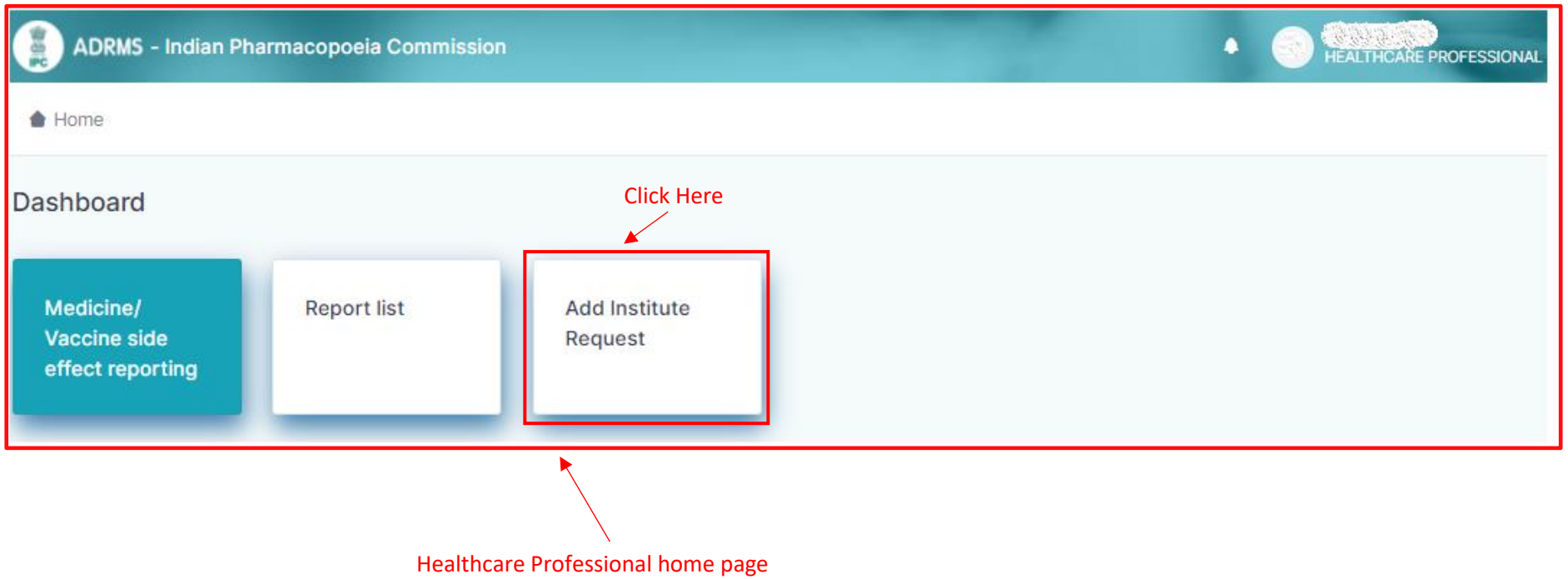


Search Box: Can search particular report from report list by writing any column data.

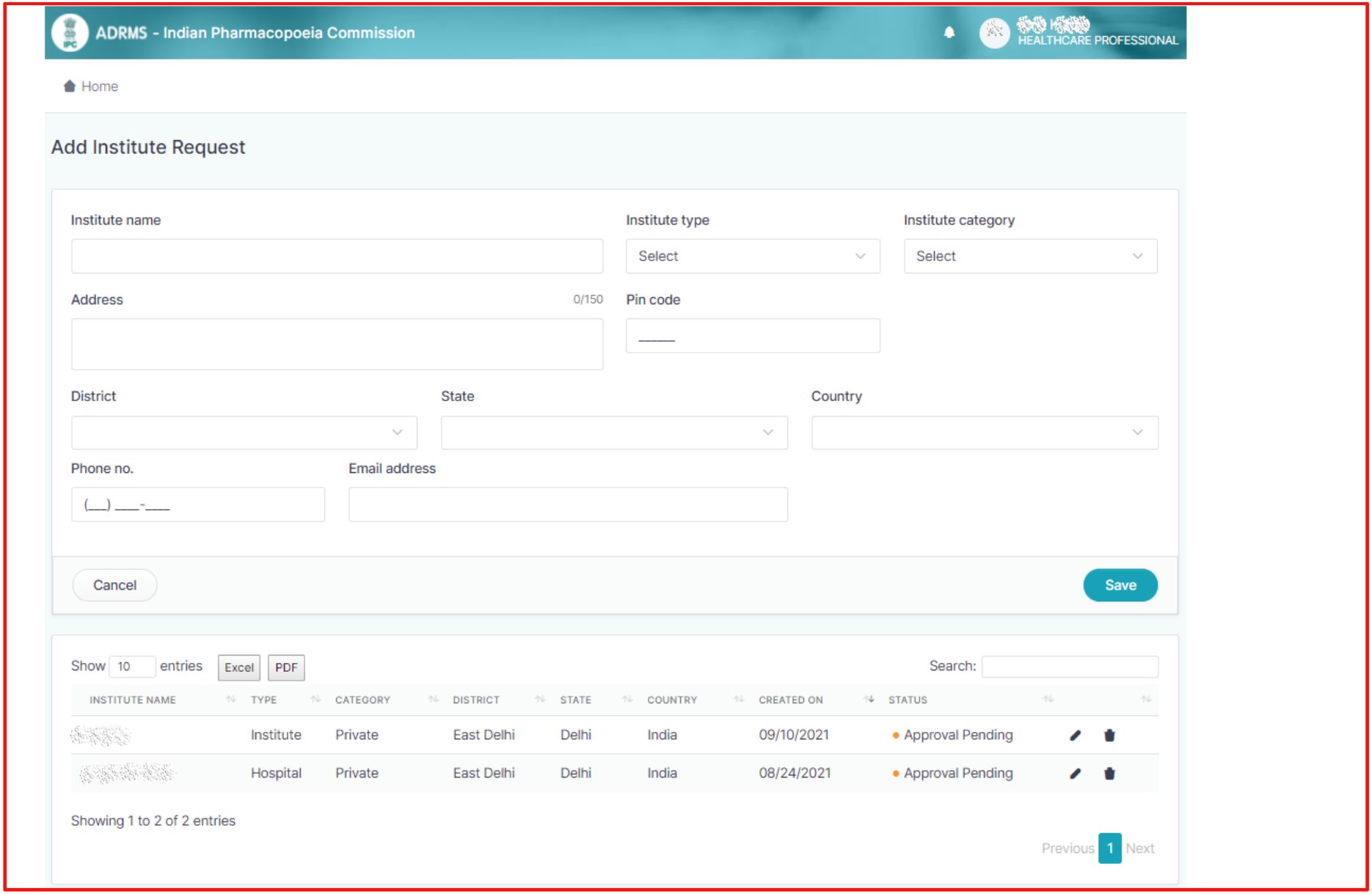
In list of report list we can see all submitted (from 1 to 1000) report list. Also can download this list in PDF or Excel format. In report list there is form number and it is auto generated. In medical product column showing report related to Medicine/Vaccine. Transaction date column showing date of report submission or date of report fill. By using eye sign we can see submitted report form. The second and third report status is Draft means these form are not submitted so you can edit by clicking on edit sign and then submit or it can remove by clicking on delete sign.*This is simple one step to see the report list.*

7. Add Institute Request

Step 1: Click on Add Institute Request. A new window of submitted Request list and blank form will open.

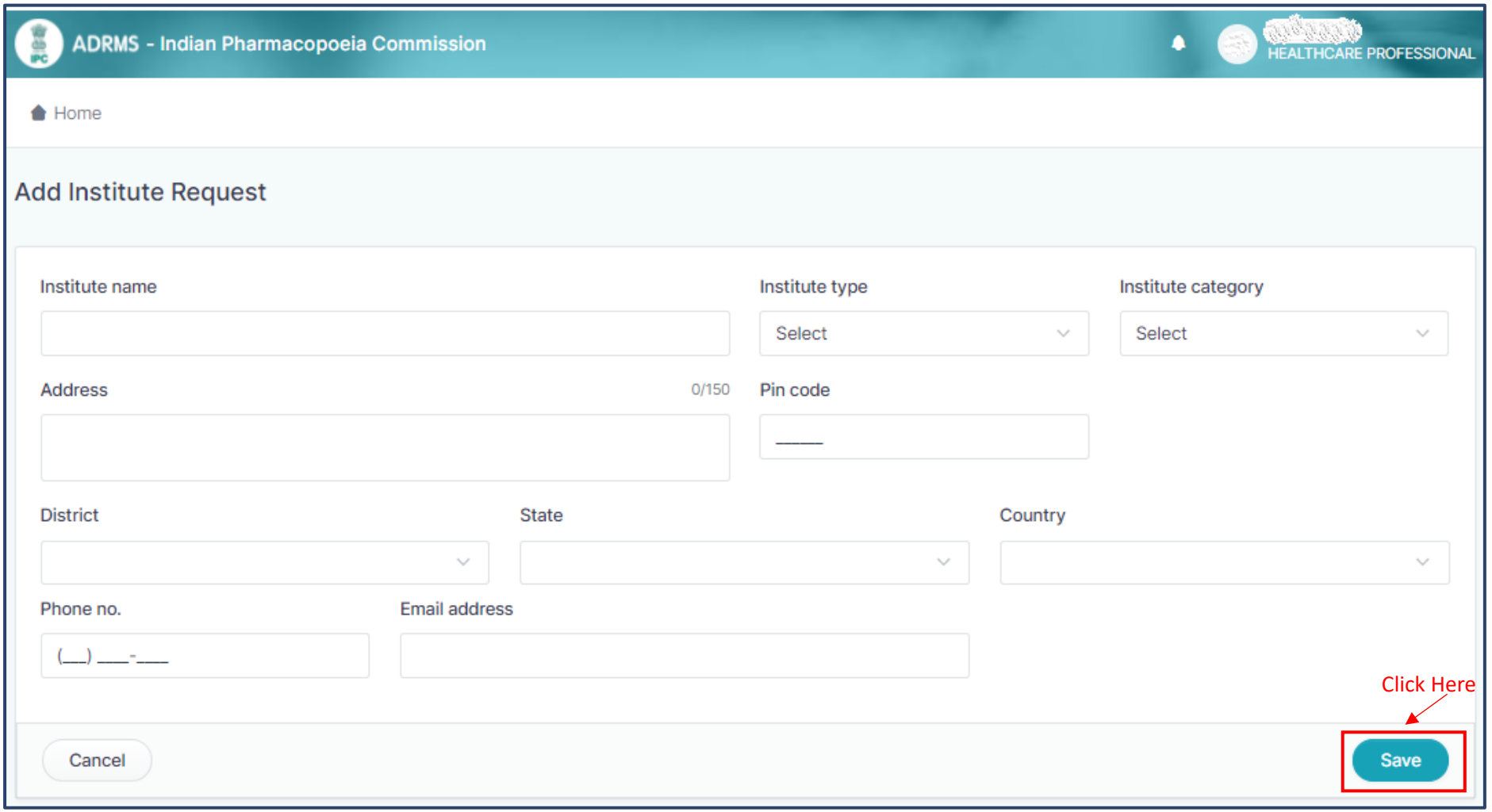


Window of request form and submitted request list



Step 2: Write all details & click on Save. In Request list saved Institute Request will add.

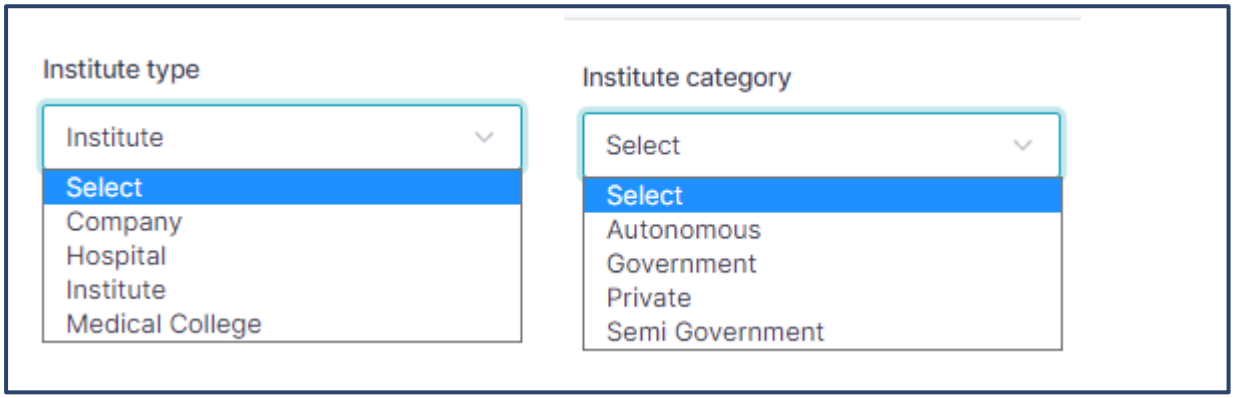
Write Institute name, Address, Pin code, Phone no. & Email address. Select Institute type, Institute category, District, State & Country.

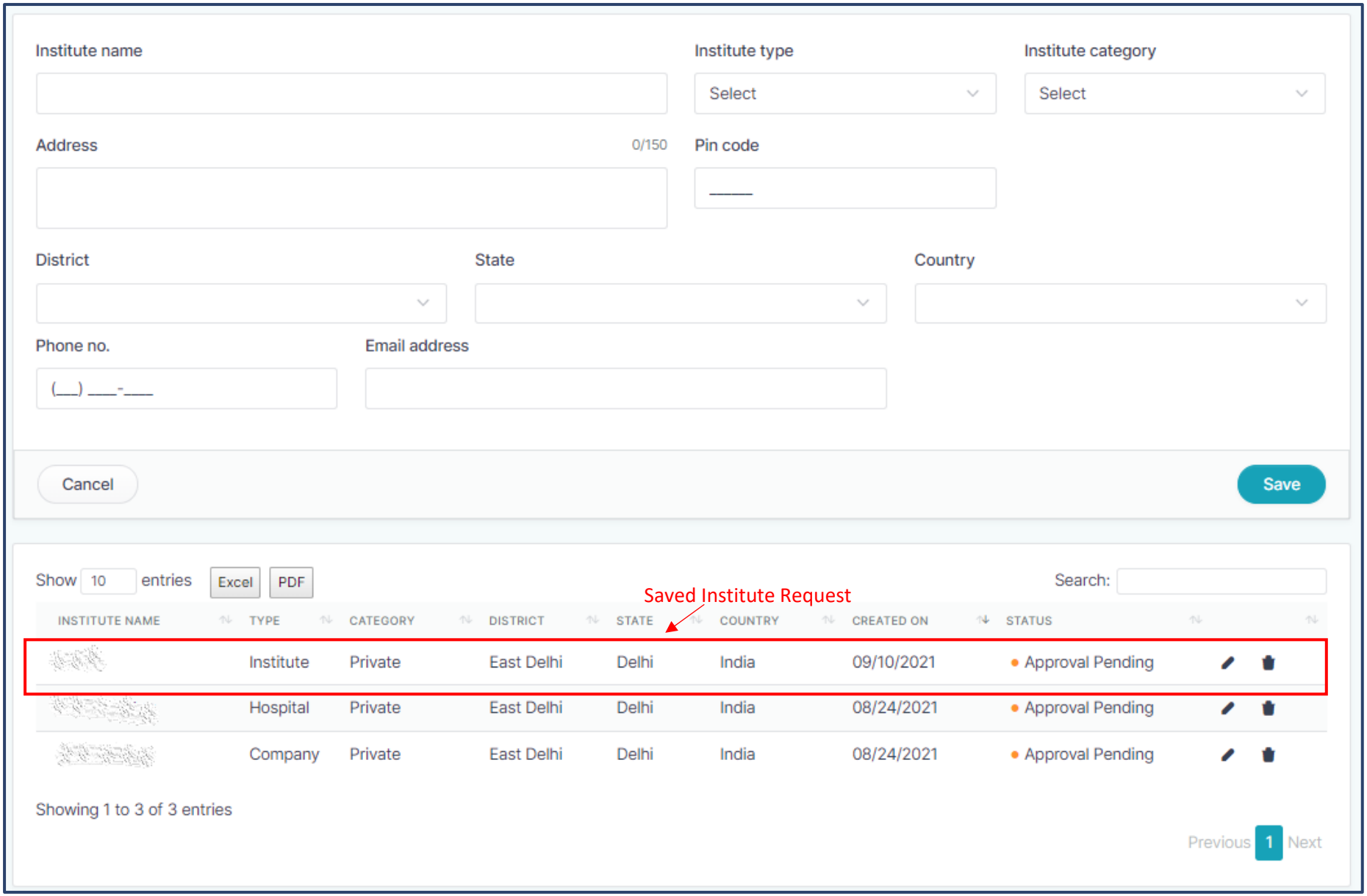


Condition of Institute name: Enter name of the institution, contain letters, numbers, spaces and special characters (./()-), and must not exceed 100 characters length.

Condition of Address: Enter address, contain letters, numbers, spaces and special characters (./;:'"'()&-), and must not exceed 150 characters length.

Following given options for **Institute type** and **Institute category**:




Institute name
Institute type
Select
Institute category
Select
Address
0/150
Pin code
District
State
Country
Phone no.
(___) ___-____
Email address
Cancel
Save
Show 10 entries
Excel
PDF
Search:
Saved Institute Request
INSTITUTE NAME
TYPE
CATEGORY
DISTRICT
STATE
COUNTRY
CREATED ON
STATUS
Institute Private East Delhi Delhi India 09/10/2021 Approval Pending
Hospital Private East Delhi Delhi India 08/24/2021 Approval Pending
Company Private East Delhi Delhi India 08/24/2021 Approval Pending
Showing 1 to 3 of 3 entries
Previous 1 Next

In list of request list we can see all saved (from 1 to 1000) request list. Also can download this list in PDF or Excel format. In request list there is display entered Institute name, Selected Institute type, Institute category, District, State & Country.

Created On column showing date of report saved. Report status is showing Approval pending and also these form can edit by clicking on edit link(sign) or it can remove by clicking on delete link(sign).

Search Box: Can search any particular institute request from request list any column data.

These simple two step to add Institute request.

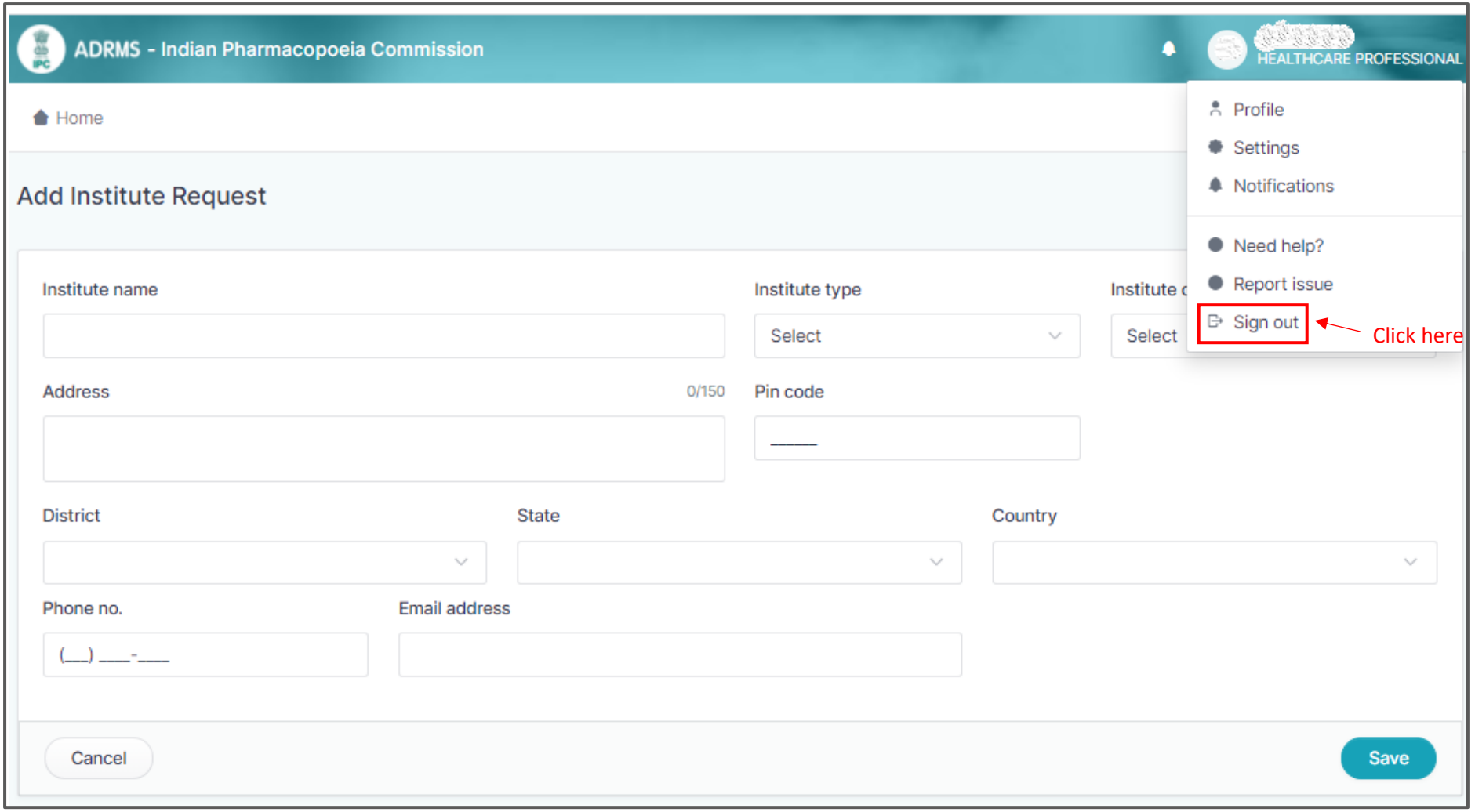
Following Table for Add institute request field list:

Serial no.	Field name	Purpose	Is field required
1	First name	First name of consumer	Yes:required
2	Last name	Last name of consumer	Yes:required
3	Username	Identity 8-20 char & Unique	Yes:required
4	Password	Security 8-20 char	Yes:required
5	Date of birth	Use at a time of forgot password	Yes:required
6	Gender	Select gender of consumer	Yes:required
7	Mobile no.	10 digit mobile number and should unique	Yes:required
8	One time password	8 digit OTP on mobile number	Yes:required
9	Photo	Upload photo in .jpg or .png format	No:Not required
10	Signature	Upload signature in .jpg or .png format	No:Not required
11	Email address	valid email address & should unique	No:Not required
Address			
12	Address	Enter Area name	No:Not required
13	Pin code	Valid pin code (6 digit)	No:Not required
14	District	Auto selected after address & pin code	No:Not required
15	State	Auto selected after address & pin code	No:Not required
16	Country	Auto selected after address & pin code	No:Not required

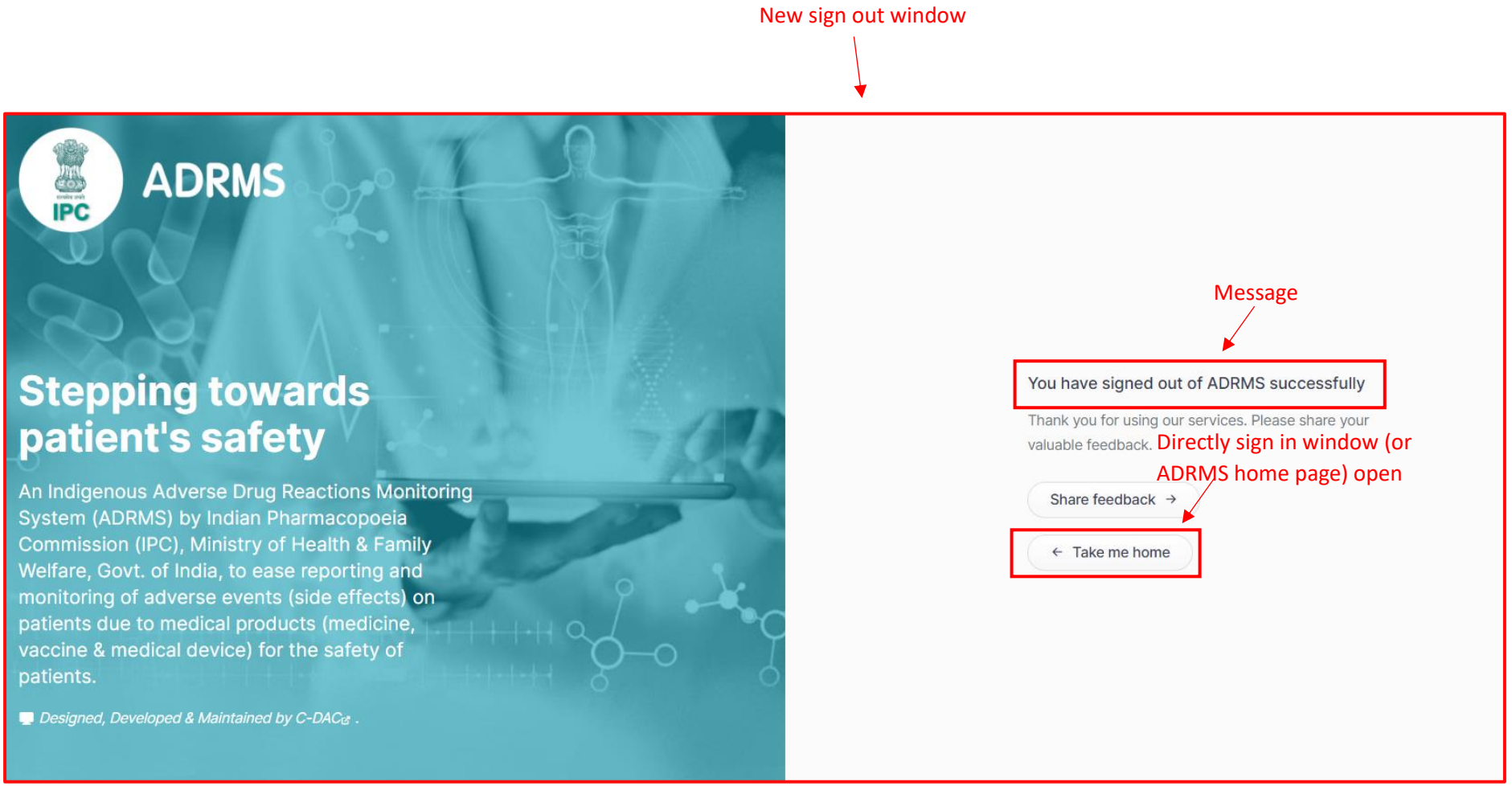
Table4: Add institute request field list

8. How to Sign Out

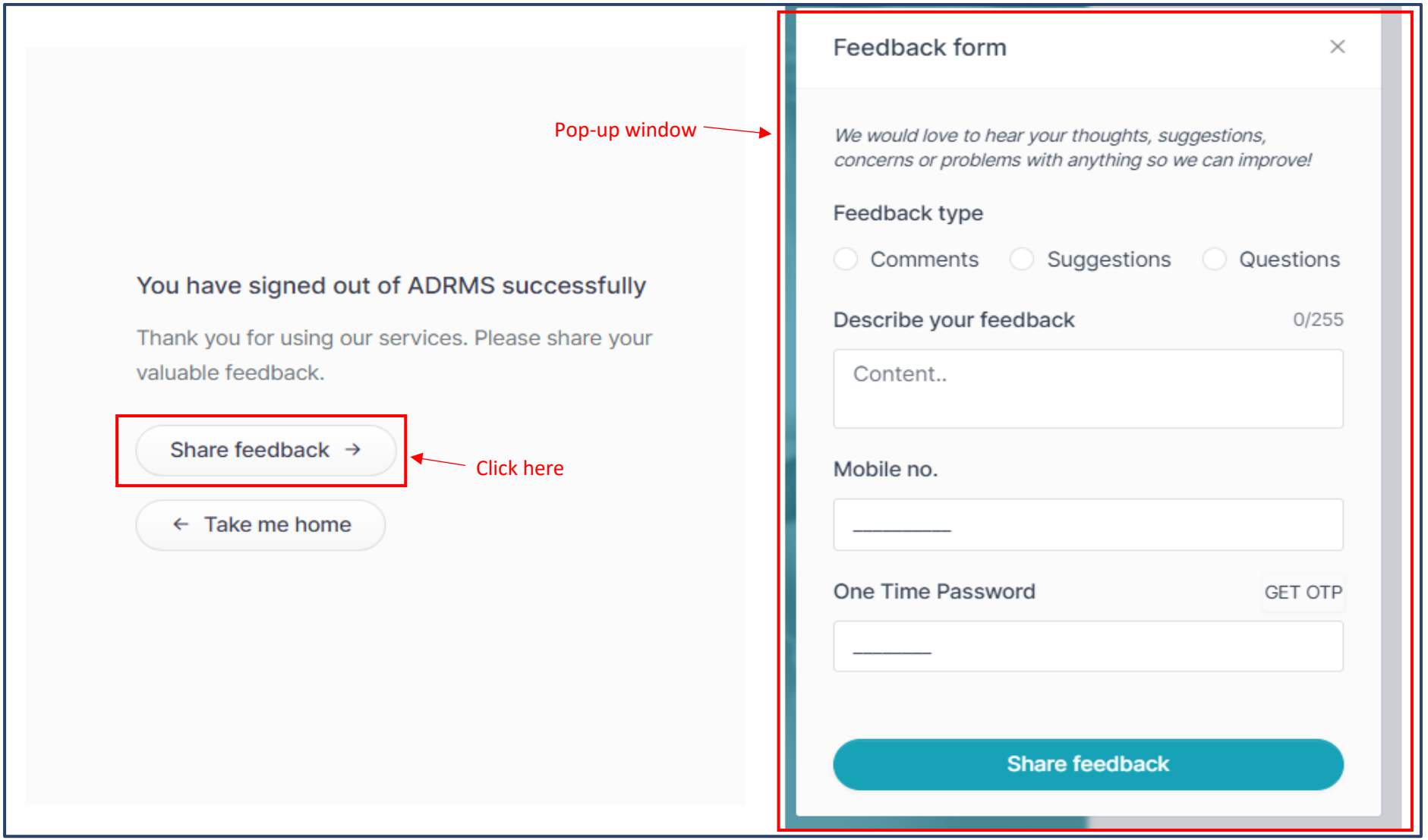
Step 1: Click on sign out. New sign out window will appear.



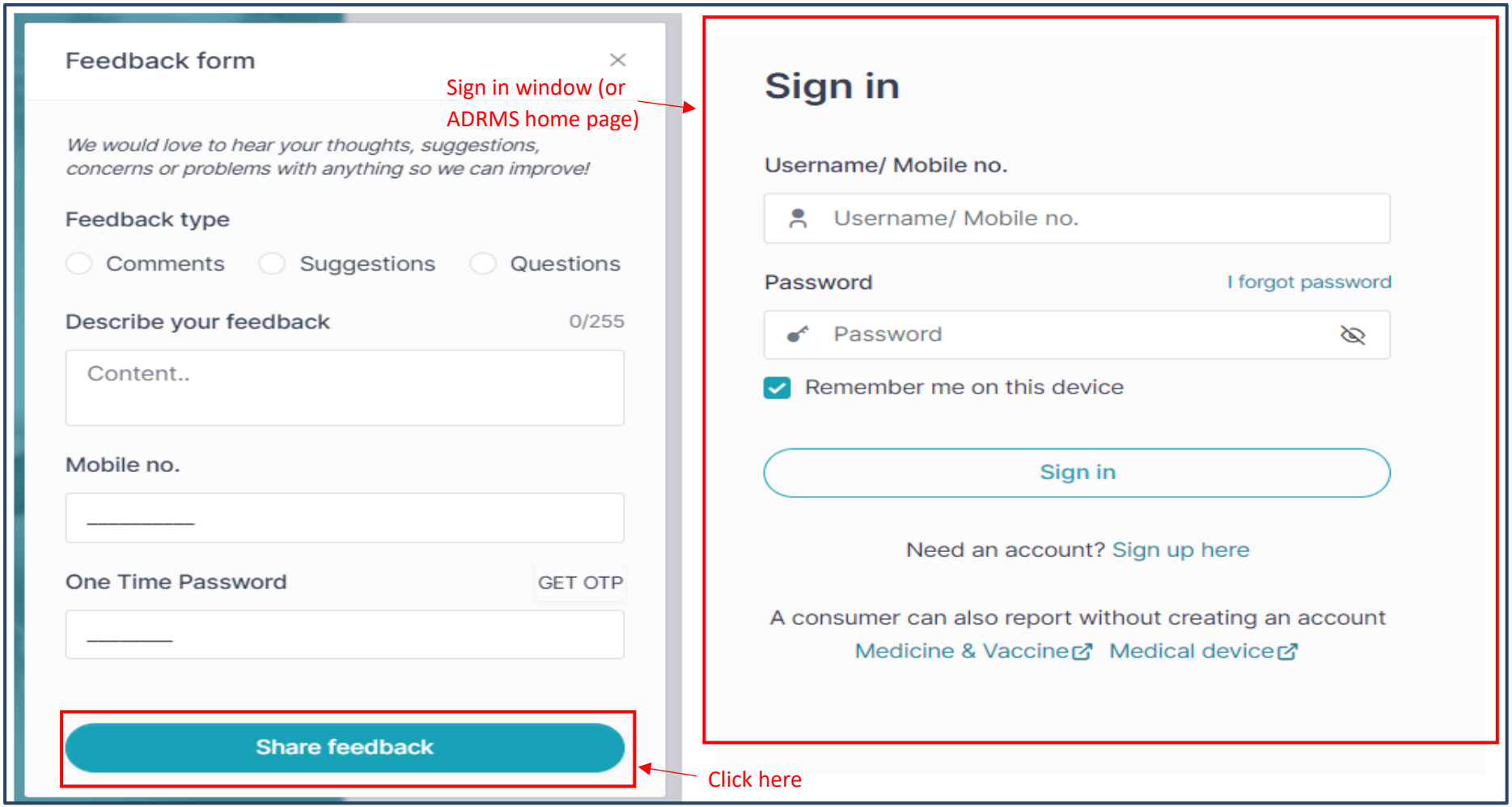
Message is showing for sign out successfully.



Step 2: Click on Share feedback. New pop-up window will appear.



Step 3: fill up all details click on Share feedback. Sign in window will open.



These are simple three step to sign out.