Senator NELSON. I would like to have some examples, yes.

Dr. CLUFF. One patient that we have reported was a young pregnant woman being followed in the obstetrical clinic of the hospital. During the initial evaluation for her pregnancy she was found to have a urinary tract infection and for this she was treated with a sulfonamide drug. The urinary tract infection cleared but the lady developed a diffuse erythematous rash and the drug was discontinued and the rash subsided. The notation was made that the patient was allergic to sulfonamides.

Senator NELSON. Was this the way it read?

Dr. CLUFF. Yes. The patient was then followed through her pregnancy, had an uncomplicated delivery, but during the postpartum care she was found to have a urinary tract infection again. Because the patient was beyond the postpartum period and no further care was desired in the obstetrical clinic she was referred to the medical clinic in the hospital.

In the medical clinic in the hospital she was found to have the urinary tract infection as indicated, and the physician caring for the patient represcribed a sulfonamide drug. The patient this time developed a diffuse erythematous rash once more, a very high fever, passed blood in her urine, developed very severe hypertension, and was admitted to the hospital and subsequently died. She was found to have sulfonamide crystals in her urine and in her kidneys and diffuse vascular disease, undoubtedly a manifestation of allergic reaction to the sulfonamide.

The problem in this case was that in many hospitals, particularly the one where this study was done, on the initial occasion when the allergic reaction was found, the notation was made in the obstetrical clinic notes but the notes in this instance were kept in a separate part of the patient's chart. When the patient was seen in the medical clinic, the obstetric notes were not reviewed and in reviewing the facts the doctor was not aware she had an allergic reaction from the drug, nor had he inquired of the patient whether she had previous difficulties with sulfonamides.

I think this is a clear illustration of an avoidable situation where if there had been adequate notation the physician would not have represcribed the medication.

Senator NELSON. Yes, but that is really a case of carelessness in the medical history.

Dr. CLUFF. That is correct.

Senator NELSON. It is not a case of somebody being confused about drugs.

Dr. CLUFF. That is correct.

Senator NELSON. We have had testimony here from several physicians, pharmacologists, that one of the problems is that you end up with so many product names or trade names. We had a couple of specific illustrations of a patient who has had a bad reaction to some drug, and then gets another drug by another product name, the doctor not knowing that it is the same drug. That is quite a different case from one where the records are poorly kept.

Do you run into any problems like that?

Dr. CLUFF. Yes, but I think the problem, Senator Nelson, is equally the case not only with prescription drugs that the physician prescribes