MEDICATION ERROR REPORTING FORM

EMPLOYEE TO COMPLETE ENTIRE FORM WITHIN 24 HOURS OF INCIDENT
AND FORWARD TO CLINICAL DIRECTOR

Date of Incident: _____/_____/______     Time of Incident: ____________  AM       PM

Responsible Party’s Name: ____________________________________ Location of Incident: _______________

Patient Name: ____________________________________ DOB: __________________

Age ________ Sex □ M  □ F   Medical Record # _______________________

Category Index (Severity/Level/Outcome)

☐ Circumstances of events that have the potential to cause discrepancy (near miss)
☐ A discrepancy occurred; medication did not reach the patient
☐ A discrepancy occurred that reached the patient but did not cause patient harm.
☐ A discrepancy occurred that resulted in the need for increased patient monitoring but no patient harm.
☐ A discrepancy occurred that resulted in the need for treatment intervention and caused temporary patient harm.
☐ A discrepancy occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm.
☐ A discrepancy occurred that resulted in permanent harm.
☐ A discrepancy occurred that resulted in a near death event (e.g. anaphylaxis, cardiac arrest).
☐ A discrepancy occurred that resulted in patient death.

Describe in detail the incident: Include type of medication, dose, intended route of administration, and equipment or materials involved.

(Use reverse side for additional space)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Type of Event:

☐ Extra dose
☐ Improper dose/quantity
☐ Omission
☐ Prescribing
☐ Wrong administration technique
Wrong Drug Preparation
☑ Wrong Patient
☐ Wrong Route
☐ Wrong time
☐ Adverse Drug Reaction
☐ Other

Why Was Medication/Treatment Ordered for the Patient?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Possible Untoward Effects of the Incident for the Patient:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Medication Incident Was Felt to be Due to:
☐ Unavailable patient information prior to dispensing or administering drug (lab values, allergies, etc.)
☐ Unavailable drug information (written resources)
☐ Miscommunication of drug orders (similar names, inappropriate abbreviations, illegible handwriting, etc.)
☐ Problems with labeling, packaging
☐ Drug standardization, storage (look-alike containers, etc.)
☐ Drug device use and monitoring (equipment malfunction, etc.)
☐ Environmental stress (distractions, noise during transcription or dispensing, extended shifts, etc.)
☐ Staff knowledge regarding medication
☐ Other: _________________________________________________________________

Suggestions for Future Prevention of this Type of Incident:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

PERFORMANCE IMPROVEMENT USE ONLY

Document any actions taken: ___________________________________________________