



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: _____
