

MEDICATION ERROR REPORTING FORM

Affix Patient
Identification Label

Type of Error: (tick the appropriate)	<input type="checkbox"/> Prescribing Errors	<input type="checkbox"/> Dispensing Errors	<input type="checkbox"/> Administering Errors
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Describe the event briefly:

TYPE OF ERRORS (Please tick the appropriate error)

PHYSICIAN	PHARMACIST	NURSE
<input type="checkbox"/> Wrong dose	<input type="checkbox"/> Wrong drug	<input type="checkbox"/> Wrong drug
<input type="checkbox"/> Wrong drug name /wrong entry	<input type="checkbox"/> Wrong frequency	<input type="checkbox"/> Wrong dosage
<input type="checkbox"/> Overdoses	<input type="checkbox"/> Wrong dose/strength	<input type="checkbox"/> Wrong patient
<input type="checkbox"/> Wrong use of decimal points	<input type="checkbox"/> Wrong instructions /precautions	<input type="checkbox"/> Wrong dose
<input type="checkbox"/> No frequency, route of administration	<input type="checkbox"/> Wrong route of administration	<input type="checkbox"/> Wrong frequency
<input type="checkbox"/> No strength	<input type="checkbox"/> Wrong dosage form	<input type="checkbox"/> Wrong route
<input type="checkbox"/> Therapeutic Duplication	<input type="checkbox"/> Wrong pt identification/wrong label	<input type="checkbox"/> Wrong additives /wrong fluid
<input type="checkbox"/> Not follow drug -drug interactions	<input type="checkbox"/> Wrong additives	<input type="checkbox"/> Wrong storage
<input type="checkbox"/> No signature/stamp	<input type="checkbox"/> Incompatible fluid	<input type="checkbox"/> IV set leaking
<input type="checkbox"/> Using abbreviation for drug name	<input type="checkbox"/> Missing important auxiliary label for instructions	<input type="checkbox"/> Extra/missed dose
<input type="checkbox"/> Unofficial abbreviations for frequency	<input type="checkbox"/> Delay time for dispensing	<input type="checkbox"/> IM complications
<input type="checkbox"/> Patient allergy not written	<input type="checkbox"/> Expired drug	<input type="checkbox"/> Narcotic loss/theft
<input type="checkbox"/> Illegible handwriting	Other:	Other:
<input type="checkbox"/> Insufficient Diagnosis		
Other:		

Incident Report raised: Yes No Not Needed

Interventions Done: Yes No Not Needed

Immediate Actions by the Doctor & Nurse:

Name of the person reporting the incident & Designation: _____

Signature _____ Date & Time _____

Note: Chief Pharmacist, Nursing Director, Medical Director, Quality Manager to be informed for the serious incidents immediately or by the next business day.

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Pharmacy Department Preventive Actions:

S.No				Tick the Category of Error Reported/Identified			
				1 (Categories Need Intervention – Near Miss)			
1.	Category A	Circumstances or events that have capacity to cause error.					
2.	Category B	An error occurred but does not reach the patient.					
				2 (Categories Need Intervention and Incident report)			
3.	Category C	An error occurred that reached the patient but did not cause patient any harm.					
4.	Category D	An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient /required intervention to preclude harm.					
5.	Category E	An error occurred that may have contributed to result in temporary harm to the patient and required intervention.					
6.	Category F	An error occurred that resulted in temporary harm to the patient & required initial or prolonged hospitalization.					
7.	Category G	An error occurred that resulted in permanent patient harm.					
8.	Category H	An error occurred that required intervention necessary to sustain life.					
9.	Category I	An error occurred that resulted in patient death.					

Pharmacist Comments & Recommended Action Plans

Pharmacist Manager Name: _____

Signature _____ Date & Time _____