

Medication Error Report

Instructions: This written report is to be submitted to the Medication Supervisor within 24 hours of a Medication Error occurring. A verbal report is to be given to the Medication Supervisor AS SOON AS THE ERROR IS DISCOVERED! Ensure that your verbal report includes the information required to complete this written report.

Date of Report: _____ Program Site: _____

Name of Individual Involved: _____

Name of Staff who made/found error: _____

Indicate type of Medication Error that occurred: _____

The wrong individual was given a medication.

The medication was not given at all.

The wrong drug was given

The wrong method (route) was used in administering the drug.

The wrong dosage was given.

Medication administration was not recorded in the Medication Log at time of administration.

The medication was administered at the wrong time.

Other: _____

DESCRIBE IN DETAIL EXACTLY WHAT HAPPENED AND HOW (INCLUDE MEDICATION SUPERVISOR'S INSTRUCTIONS): _____

Time and date error was discovered: _____

Doctor/Pharmacist contacted(if appropriate): _____

Doctor's/Pharmacist's instructions: _____

Date and time error was verbally reported to Medications Supervisor: _____
Date: _____ Time: _____

Name of reporting staff: _____

Signature of reporting staff: _____

Position of reporting staff: _____

PLAN OF CORRECTION/ACTION TAKEN: _____

Personnel Dept. Signature: _____ Date: _____