

## MEDICATION INCIDENT REPORTING FORM .

Sioux Lookout Zone

Community

Client's File #

M ☐ / F ☐

Age

Complete as soon as possible after discovering a medication error and giving appropriate patient care and fax to your AZNO within 24 hours @: 807-737-3871, following discovery of error/incident

**A. EVENT. Date and time of event:**

What type of medication incident occurred:

- |  |  |
|--|--|
| <input type="checkbox"/> Incorrect medication                  | <input type="checkbox"/> Incorrect client (Describe below)       |
| <input type="checkbox"/> Incorrect dose/ miscalculation        | <input type="checkbox"/> Incorrect route / site                  |
| <input type="checkbox"/> Incorrect IV rate                     | <input type="checkbox"/> Adverse reaction                        |
| <input type="checkbox"/> Expired solution /medication given    | <input type="checkbox"/> Narcotic loss                           |
| <input type="checkbox"/> Unordered medication given            | <input type="checkbox"/> Extra / repeated dose, medication given |
| <input type="checkbox"/> Other (specify, ie dispensing): _____ |  |

Please describe the error. Include description / sequence of events, time, type of staff involved, work environment (eg. Short staffing, no pharmacy stock, etc.) Attach separate sheet if necessary

Persons involved in REPORTING & RESPONSIBLE for the initial error/incident/potential error / incident

	RN (FT/PTR)	RN (RL)	RN ( Agency)	CHR
Person reporting incident:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person responsible for incident:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person who witnessed the incident:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How was the error ( potential for error) discovered / intercepted? \_\_\_\_\_

Circle the "Error Outcome Category: A B C D E F G" ( see section 'F' for definitions)

If Category A, go to section C-D.

For Categories B-G, complete remaining sections A-D

Please provide client's diagnosis (es). \_\_\_\_\_

Original drug order: name, manufacturer, dosage etc: \_\_\_\_\_

Drug client received: name, manufacturer, dose etc. \_\_\_\_\_

Describe the direct result of error on the client (include all local / systemic symptoms).

**B. INTERVENTION. Indicate all interventions as a direct result of the incident /error.**

- |  |  |
|--|--|
| <input type="checkbox"/> Vital signs monitoring initiated        | <input type="checkbox"/> Drug therapy initiated / changed            |
| <input type="checkbox"/> Oxygen administered                     | <input type="checkbox"/> Client medivac to hospital                  |
| <input type="checkbox"/> CPR administered                        | <input type="checkbox"/> Laboratory tests performed / sent out       |
| <input type="checkbox"/> Airway established / patient ventilated | <input type="checkbox"/> Antidote / narcotic antagonist administered |
| <input type="checkbox"/> Other _____                             |  |

**C. ACTION TAKEN. Name & time of those notified:**

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> NIC         | <input type="checkbox"/> AZNO       |
| <input type="checkbox"/> Physician   | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Other _____ |                                     |

Actions taken to avoid future errors / incidents.

- |  |   |
|--|---|
| <input type="checkbox"/> Education / training provided | <input type="checkbox"/> Inform patient / caregiver / community leader of error |
| <input type="checkbox"/> Environment modified          | <input type="checkbox"/> Improve on communication process                       |
| <input type="checkbox"/> Other (indicate) _____        |   |

**D. IMPLICATIONS. Nursing implications:[risk, future problem, practice issue]**

Full name of person reporting:

Title

Date

**E. OUTCOME****Action taken by Management**

Describe any action taken by management:

- |   |   |
|---|---|
| <input type="checkbox"/> Education / training provided                          | <input type="checkbox"/> Formulary change                                 |
| <input type="checkbox"/> Environment modified                                   | <input type="checkbox"/> Policy / procedure changed/ instituted /modified |
| <input type="checkbox"/> Improve on communication process                       | <input type="checkbox"/> Staffing discipline                              |
| <input type="checkbox"/> Inform patient / caregiver / community leader of error | <input type="checkbox"/> Other  |

Any other suggestions regarding system changes to prevent error: \_\_\_\_\_

Name &amp; Signature (Manager): \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*Thank you for contributing to patient safety and quality of care.***Medication Incident Outcome Category****E. Definition**

*A medication error is defined as: "Any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of the health care professional. Such an event may be related to professional practice, procedures, and systems including: prescribing, order communication, product labelling, packaging,, dispensing, distribution, administration, education, monitoring and use.*

(Adapted from University of Texas health science Centre, 2006)

	Category A	Circumstances or events that have the capacity to cause error
	Category B	Error occurred that reached the client & required monitoring to confirm that it resulted in no harm to the client and /or required intervention to preclude harm
	Category C	Error occurred that may have contributed to, or resulted in, temporary harm to the client and required intervention
	Category D	Error occurred that may have contributed to, or resulted in, temporary harm to the client and required initial or prolonged hospitalization
	Category E	Error occurred that may have contributed to, or resulted in, permanent client harm
	Category F	Error occurred that required intervention necessary to sustain life
	Category G	Error occurred that may have contributed to, or resulted in, the client's death

(Adapted from US Pharmacopeia Center for the advancement of patient safety, 2003)

Revised in SLZ April 2008 / YA