

## MEDICATION INCIDENT REPORTING FORM

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 Practice Consultant at 807-343-5308, 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"/> Practice Consultant |
| <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                       |

☐ 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:

☐ Education / training provided

☐ Formulary change

☐ Environment modified

☐ Policy / procedure changed/ instituted /modified

☐ Improve on communication process

☐ Staffing discipline

☐ Inform patient / caregiver / community leader of error

☐ Other

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

Name & 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)

## Medication Incident Reporting Process

Measures taken to reduce medication errors are to:

- Reduce the likelihood of harm to the patient.
- Prevent a medication error from occurring.

**Steps to follow:** Please complete Sections A-D only.

**Section A.** To be completed by the nurse who discovers the medication error. Describe as best you could, the sequence of events that led up to the discovery of the error and the circumstances surrounding the error. All information must still be completed even if the error did not reach the patient, steps could be taken to prevent further potential medication errors from occurring.

Please include all staff that are involved, both directly and indirectly, or were direct witnesses to the incident or are involved in the potential for error.

In this section, also include the patient symptoms etc, that were manifested as a result of the error or incident, as well as outcome categories [section F]. This is intended to be a guide to determine the type of error and the resulting outcome.

**Section B.** Include all interventions taken to offset the incident or to correct what has occurred. Include the condition of the patient, action taken, all personnel informed of error, and probable implication to staff / patients; any relevant physiological / psychological signs exhibited by the patient.

**Section C.** Indicate who was informed of the incident and actions taken to avoid future or potential errors / incidents.

**Section D.** Describe the nursing implications whether for present or future.

**Section E.** For your manager to complete who will discuss or take any action as necessary.

If more than one patient is involved in the error, a medication incident form must be completed for each one.