



MEDICATION INCIDENT REPORT

A. Individual Name: _____ I.D. Number: _____ Unit: _____

Discovery/Report Date/Time: _____ Incident Date/Time: _____

- B. Type of Incident: Prescribing _____
 (Describe) Dispensing _____
 Transcription _____
 Complex _____
 Administration - If the medication has been administered to the individual, the information below must be completed.

C. Description of event (include name & dosage of medication):

Identify any systemic issues that may have contributed to error:

When Indicated: Pulse: _____ Resp. Rate: _____ B/P: _____ Other: _____
Time: _____

Copy of MAR & Physician Order attached

D. Notification:

- Physician Name: _____ Date: _____ Time: _____ N/A: _____
 Nursing Director or Designee Name: _____ Date: _____ Time: _____
 Pharmacy Director or Designee Name: _____ Date: _____ Time: _____ N/A: _____
 Individual/Guardian Informed Date: _____ Time: _____ N/A: _____

E. Physician Response/Intervention (Describe Intervention):

Physician Call/Exam Not Necessary

F. Nursing Manager/Supervisor Review & Follow-Up Actions:

Nurse Manager Signature: _____ Date: _____
Director of Nursing Signature: _____ Date: _____



MEDICATION INCIDENT REPORT

PHARMACY & THERAPEUTICS COMMITTEE REVIEW

MEDICATION INCIDENT TYPE ANALYSIS (Mark ALL applicable error types.)

Prescribing:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Incorrect Individual | <input type="checkbox"/> Incorrect Dose Form | <input type="checkbox"/> Incorrect Route | <input type="checkbox"/> Illegible Prescription |
| <input type="checkbox"/> Incorrect Drug Selection | <input type="checkbox"/> Incorrect Dose Amount | <input type="checkbox"/> Late to Pharmacy | <input type="checkbox"/> Incorrect Instructions |
| <input type="checkbox"/> Other | | | |

Dispensing:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Incorrect Individual | <input type="checkbox"/> Incorrect Route | <input type="checkbox"/> Omission/Missing | <input type="checkbox"/> Expired Drug |
| <input type="checkbox"/> Incorrect Drug | <input type="checkbox"/> Incorrect Preparation | <input type="checkbox"/> Incorrect Dose Amount | <input type="checkbox"/> Order Entry |
| <input type="checkbox"/> Incorrect Dose Form | <input type="checkbox"/> Incorrect Calculation | <input type="checkbox"/> Other | |

Administration:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Incorrect Individual | <input type="checkbox"/> Incorrect Route | <input type="checkbox"/> Incorrect Drug | <input type="checkbox"/> Incorrect Time |
| <input type="checkbox"/> Incorrect Dose Form | <input type="checkbox"/> Incorrect Preparation | <input type="checkbox"/> Omission/Missing | <input type="checkbox"/> Administrative Technique |
| <input type="checkbox"/> Incorrect Dose Amount | <input type="checkbox"/> Unauthorized Drug | <input type="checkbox"/> Inappropriately Obtained | |
| <input type="checkbox"/> Inconsistent w/Diagnosed Condition | | | |

Transcription:

- Failure to transcribe medication order onto Medication Administration Record (MAR)
- Incorrect transcription of medication order onto Medication Administration Record (MAR)
- Documentation Omission Other

Were there adverse consequences to the individual? Yes No

If "Yes" Describe:

Medication Incident Analysis:

Clinical Significance Level of Medication Incident:

- Level 0 - Circumstance/Event had the capacity to cause Medication Incident
- Level 1 - Medication Incident, No harm to individual
- Level 2 - Medication Incident - Increased need for individual monitoring
- Level 3 - Medication Incident - Change in vital signs or laboratory monitoring required
- Level 4 - Medication Incident - Medication Management needed or hospitalization required
- Level 5 - Medication Incident , Permanent Harm Done
- Level 6 - Medication Incident, Death

Recommended Action:

Signature of Pharmacy Director/P & T Chair

Title

Date