



**MEDI CATION ERROR REPORT**

Consumer Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person Reporting: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Others Present: \_\_\_\_\_

Cause of Medication Error:

\_\_\_\_\_ WRONG MED

\_\_\_\_\_ WRONG TIME

\_\_\_\_\_ WRONG DOSE

\_\_\_\_\_ WRONG ROUTE

\_\_\_\_\_ WRONG PERSON

\_\_\_\_\_ MISSED DOSE

Description of Error: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GUIDELINES**

1. YOU **MUST** CALL THE **PRESCRIBING** PHYSICIAN FOR ALL MISSED OR WRONGLY GIVEN MEDS
2. THE CONSUMER'S SERVICE COORDINATOR **MUST** ALSO BE NOTIFIED
3. IF NOT AN EMERGENCY, YOU DO NOT NEED TO USE THE MD'S AFTER-HOURS EMERGENCY NUMBER
4. YOU DO NOT HAVE TO CALL THE DOCTOR FOR A MED COUNT DEVIATION ALONE
5. RECORD ANY INSTRUCTION FROM THE PHYSICIAN ON THIS FORM
6. ***REMINDER:*** MEDS CAN ONLY BE GIVEN AS EARLY AS 1 HR BEFORE, OR 1 HR AFTER THE ASSIGNED TIMES

Prescribing Physician Notified: \_\_\_\_\_ Time Notified: \_\_\_\_\_

Service Coordinator Notified: \_\_\_\_\_ Time Notified: \_\_\_\_\_

Service Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RN Follow-Up Needed? Y \_\_\_\_\_ N \_\_\_\_\_. Date Notified: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_