Medication Error Report

Date of Report:

Resident Name:	DOB:	Room #
Primary Care Physician	Phone:	

DESCRIPTION OF ERROR		
Date of Error	Time of Error : am ☐ pm ☐	Medication as ordered:

Description of error (include medication, dose, route, and time administered)
Outcome to resident and care provided

Physician notified? ☐ No ☐ Yes	Name:	Date:	Time: am ☐ pm ☐
Physicians Instructions:			
If No, explain			
Administrator Notified? ☐ No ☐ Yes	Name:	Date:	Time: am ☐ pm ☐
If No, explain			
Pharmacy Notified? ☐ No ☐ Yes	Name:	Date:	Time: am ☐ pm ☐
If No, explain			
Family/Responsible Party Notified? ☐ No ☐ Yes	Name:	Date:	Time: am ☐ pm ☐
If No, explain			

Summary of Error

	Type of Error				Reason for Error		
	Wrong dose		Drug orderd but not administered		Transcription error		Failure to identify resident
	Wrong route		Drug administered without physicians orders		Misread error		Pharmacy error
	Wrong medication		Failure to follow manufactures specifications and accepted professional standards		Miscalculated dose		Poor lighting and environment
	Wrong dose form						
	Wrong time		Other:		Mismeasured dose		Self medication error

Corrective actions taken
Measure taken to prevent reocurrence

Priority Policy	Signature	Title	Date
1. Person making error			
2. Person correcting error			
3. Attending physician			
4. Pharmacist			
5. Administrator/Director			