

**MEDICATION ERROR/DISCREPANCY REPORT**

**Patient Identification**

**1. MEDICATION ERROR/DISCREPANCY:** (Check (√) Error /Discrepancy)

- A.  **Medication Error:** A med error occurs when a **consumer receives** an incorrect drug, drug dose, dosage form, Quantity, route, concentration, rate of administration; or omission. To be defined as an error, some form of variance in the desired treatment or outcome must have resulted. (check all applicable)
- Complex Error:** an error which resulted from two or more distinct errors of different types: prescribing, dispensing, & administration.
  - Error of Prescribing:** an incorrect selection of drug, drug dose, dosage form, quantity, route, concentration, rate of administration, or instructions for the use of a drug product ordered
  - Error of Dispensing:** the incorrect drug, drug dose or concentration, dosage, form or quantity is formulated and delivered to the point of intended use.
  - Error of Administration:** there is an incorrect selection and administration of drug, drug dose, dosage form, quantity route, concentration, rate of administration, instructions for use of a drug product ordered.
- B.  **Medication Discrepancy:** A discrepancy of recording, dispensing, transcribing, or prescribing which is discovered prior to the patient receiving the medication.

**2. GENERAL INFORMATION:**

- A. Hospital  CSH  ECRH  GRH-Atl  GRH-Sav  NWGRH  SWSH  WCGRH
- B. Service:  MH  DD  Skilled  Forensics  C&A
- C. Location: Bldg/Unit/Living Area \_\_\_\_\_
- D. Today's Date \_\_\_\_\_
- E. Date of Error(s) \_\_\_\_\_ to \_\_\_\_\_ Time of First Error: \_\_\_\_\_ am/pm \_\_\_\_\_
- F. Medication(s) \_\_\_\_\_ # of Dosage(s) Involved \_\_\_\_\_  
 Medication(s) \_\_\_\_\_ # of Dosage(s) Involved \_\_\_\_\_
- G. Signature/Title of Person Completing Form (Optional) \_\_\_\_\_  
**If Medication Error:**
- H. Name of Supervisor notified \_\_\_\_\_ Date & Time \_\_\_\_\_  
 Name of Physician notified \_\_\_\_\_ Date & Time \_\_\_\_\_

**3. STATEMENT OF ERROR/DISCREPANCY:**

\_\_\_\_\_

Medication Error was thought to be due to:

- Unavailable consumer information prior to dispensing or administering drug (lab values, allergies, etc)
- Unavailable drug information (written resources)
- Miscommunication of drug orders (similar names, inappropriate abbreviations, illegible handwriting, etc)
- Problems with labeling, packaging
- Drug standardization, storage (look-alike containers, etc)
- Drug device use and monitoring (equipment malfunction, etc)
- Environmental stress (distractions, noise during transcription or dispensing, extended shifts, etc)
- Staff knowledge regarding medication
- The error involved the use of the night nurse cabinet/after-hours drug cabinet?
- Other: \_\_\_\_\_

*IF A MED ERROR, FORWARD TO PHYSICIAN TO COMPLETE #6; OTHERWISE TO NURSING MGMT TO COMPLETE #5.*

**4. (NURSING PI ONLY) -- MEDICATION ERROR/DISCREPANCY CATEGORIES:**

<p><b>MEDICATION ADMINISTRATION ERROR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication omitted</li> <li><input type="checkbox"/> Medication administered at wrong time</li> <li><input type="checkbox"/> Wrong consumer/resident received medication</li> <li><input type="checkbox"/> Wrong medication administered</li> <li><input type="checkbox"/> Wrong dose administered</li> <li><input type="checkbox"/> IV Flow/concentration incorrect</li> <li><input type="checkbox"/> Wrong route of administration</li> <li><input type="checkbox"/> Wrong form of administration</li> <li><input type="checkbox"/> Medication given without physician's</li> <li><input type="checkbox"/> Medication given after physician order discontinued</li> <li><input type="checkbox"/> Consumer allergic to medication administered</li> </ul>	<p><b>CHARTING DISCREPANCY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Error in transcribing order</li> <li><input type="checkbox"/> Failure to list on MAR</li> <li><input type="checkbox"/> Failure to initial MAR</li> <li><input type="checkbox"/> Signature omitted from MAR</li> <li><input type="checkbox"/> Sign -out error (narcotics)</li> <li><input type="checkbox"/> No current informed consent</li> <li><input type="checkbox"/> Other _____</li> </ul> <p><b>DISPENSING</b> <input type="checkbox"/> <b>ERROR</b>  <input type="checkbox"/> <b>DISCREPANCY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wrong medication dispensed</li> <li><input type="checkbox"/> Wrong dose/concentration dispensed</li> <li><input type="checkbox"/> Expired drug dispensed</li> <li><input type="checkbox"/> Wrong drug form dispensed</li> <li><input type="checkbox"/> Wrong quantity is formulated</li> </ul>	<p><b>PRESCRIBING</b> <input type="checkbox"/> <b>ERROR</b>  <input type="checkbox"/> <b>DISCREPANCY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consumer/Resident allergic to medication prescribed</li> <li><input type="checkbox"/> No current Informed Consent</li> <li><input type="checkbox"/> Unclear/Illegible order</li> <li><input type="checkbox"/> Incorrect drug selection</li> <li><input type="checkbox"/> Incorrect drug dosage selection</li> <li><input type="checkbox"/> Incorrect drug form selection</li> <li><input type="checkbox"/> Incorrect drug quantity selection</li> <li><input type="checkbox"/> Incorrect drug route selection</li> <li><input type="checkbox"/> Incorrect drug concentration selection</li> <li><input type="checkbox"/> Incorrect rate of administration selection</li> <li><input type="checkbox"/> Incorrect instructions for use of drug</li> </ul>
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**5. NURSES: COMPLETE THIS SECTION FOR BOTH ERRORS AND DISCREPANCIES:**

Was the nurse working:  New employee (under six months),  Agency,  Overtime,  Hourly,  Weekend,  
 Holiday,  Over 8 hours,  Days,  Evenings,  Nights, # of clients nurse was responsible for \_\_\_\_\_  
Were there any other staffing issues involved? \_\_\_\_\_

Recommendations for future prevention of this type incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nurse Supervisor/Nurse Manager Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date/Time \_\_\_\_\_ Signature \_\_\_\_\_

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**6. MEDICATION ERROR (NOT DISCREPANCY):**

**Severity Level** (Check (√) and explain.)

- (1) A medication error occurred in which the patient/consumer experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation was required.
- (2) A medication error occurred in which the patient/consumer experienced short-term, reversible adverse consequences and treatment(s) and/or interventions(s) in addition to monitoring or observation was/were required.
- (3) A medication error occurred in which the patient/consumer experienced life-threatening/permanent adverse consequences.

Treatment Provided: \_\_\_\_\_  
\_\_\_\_\_

Date/Time \_\_\_\_\_ MD Signature \_\_\_\_\_

**Referred for Pharmacy review:**

**Unit Pharmacist Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date/Time \_\_\_\_\_ Signature \_\_\_\_\_