

MEDICATION INCIDENT AND DISCREPANCY OR NEAR MISS REPORT FORM

INTRODUCTION

Standard of Practice #9: Medication Incidents and Discrepancies or Near Miss Events requires pharmacists to promptly document all medication incidents on a pharmacy incident report form.

The pharmacist discovering the error must initiate the report. The prescriber and pharmacy manager must be notified of ALL medication incidents.

DEFINITIONS

Medication incident: a preventable occurrence or circumstance that may cause or lead to inappropriate medication use or patient harm.

Medication discrepancy or near miss: an event or circumstance that took place, and could have resulted in an unintended or undesired outcome(s), but was discovered before reaching the patient.

PATIENT INFORMATION	INCIDENT INFORMATION
Name: _____	Error date: _____
Address: _____	Discovery date: _____
Phone: _____	Name of pharmacist initiating report: _____
Sex: _____ DOB: _____	
Rx #: _____	
PHIN: _____	

INCIDENT/DISCREPANCY OR NEAR MISS DESCRIPTION

Type of Incident:

- | | |
|--|--|
| <input type="checkbox"/> Incorrect Dose | <input type="checkbox"/> Allergic Reaction to Medication |
| <input type="checkbox"/> Incorrect Generic Selection | <input type="checkbox"/> Drug-Drug Interaction |
| <input type="checkbox"/> Outdated Product | <input type="checkbox"/> Incorrect Drug |
| <input type="checkbox"/> Drug Unavailable/Omission | <input type="checkbox"/> Incorrect Strength |
| <input type="checkbox"/> Incorrect Dosage Form | <input type="checkbox"/> Incorrect Label/Directions |
| <input type="checkbox"/> Incorrect Patient | <input type="checkbox"/> Other: _____ |

Type of Discrepancy or Near Miss:

- Prescribing (specify): _____
- Dispensing (specify): _____
- Documentation (specify): _____
- Other: _____

Severity of incident/discrepancy or near miss:

- None:** no change in patient's condition; no medical intervention required
- Minor:** produces a temporary systemic or localized response; does not cause ongoing complications
- Major:** requires immediate medical intervention

Additional details:

(include information about the prescribed drug, dose, route, directions for use, etc. State any facts as known at the time of discovery)

CONTRIBUTING FACTORS

(to be completed by the pharmacist responsible)

- Improper patient identification
- Incorrect transcription
- Lack of patient counselling
- Misread/misinterpreted drug order
- Drug unavailable
- Other:

Comments:

NOTIFICATION

Patient notified: _____
Date Signature of notifying pharmacist

Physician notified: _____
Date Signature of notifying pharmacist

FOLLOW-UP

Problem Identification:

- Lack of knowledge
- Performance problem
- Administration problem
- Other:

Action:

- Education provided
- Policy/procedure changed
- System changed
- Individual awareness
- Group awareness
- Other:

Resolution of the problem that resulted in the error being made:

 Signature (pharmacist initiating report)

 Signature (pharmacy manager)