

General Event Report

Data Collection for Event: Medication Error

Profile Information

Individual Name * _____

Provider Name _____ Program Name _____

Entered By _____ Title _____

Report Date * _____ Time Zone _____

Event Information

Event Date * _____

If not at responsible program Community Home Recreation/Leisure Vehicle School Work Family home visit Unknown **If Other** _____

Location Address

Street 1 _____ Street 2 _____

City _____ County _____ State _____

Zip Code _____ Phone _____ Fax _____

Medication Error Information

Medication Charting Error Omission Order Expired Transcription Wrong Dose

Error Type * Transcription Wrong Individual Transcription Wrong Medication Transcription Omission Transcription Wrong Route Transcription Wrong Time Wrong Dose Wrong Individual Wrong Medication Wrong Route Wrong Time **If Other** _____

Time of Initial Error _____ am / pm Error Discovered Time * _____ am / pm

Person(s) Responsible _____

Severity 1 2 3 4 5 6 7 8 9 10
 The level of severity is in Ascending Order (10 is the highest level)

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)

General Information

Abuse Suspected ? Yes No

Type of Abuse Civil Rights Violation Physical Sexual Emotional Verbal
 Psychological **If Other** _____

Neglect Suspected ? Yes No

Type of Neglect Neglect by Responsible Provider **If Other** _____

Internal Report only ? Yes No **Notification Level *** Low Medium High

Reported By * _____

Reporter's Relationship to Individual Family Self Staff Other **If Other** _____

Notification Information

Person/Entity Notified*	Name of Person Notified	Date*/Time* of Notification	Notified By*	Method of Notification*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Corrective Action Taken _____

Plan of Future Corrective Actions _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)

Review/Follow-up Comments

I have reviewed this report

Review/Follow-up Comments _____

Photo

Attached

Photo Date _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)