

# Connecticut DDS - Medication Error

## Report - 255m

**Note:** On this page, you can enter additional information for state form. This includes information that is on the state form but not on GER. The fields you will see depend on event(s) you chose in the previous step. If you have selected 'Other' or any value in a GER field that does not correspond to state form, you will be asked for that information on this page

### Profile Information

Med Error(s) Corrected Date/Time: \_\_\_\_\_ am/pm

Service Group:  Intellectual disability  Autism spectrum disorder  OBRA

\*DDS Case Manager Name: \_\_\_\_\_

### Reason/Explanation for Error

Original Date/Time (if dose rescheduled): \_\_\_\_\_ am/pm

Rescheduled Date/Time(if dose rescheduled): \_\_\_\_\_ am/pm

Medical Treatment Required (due to Med Error)?  Yes  No

### Guardian/Advocate Notification

Name of Guardian/Advocate Notified: \_\_\_\_\_

Date/Time: \_\_\_\_\_ am/pm

Person Completing: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ am/pm

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