

McINTOSH TRAIL CSB MEDICATION INCIDENT REVIEW SHEET

Directions: The staff member who is reporting the medication incident will fill out the portions of this form marked A through C and will sign page 2. The staff member's supervisor will complete portions D through G and sign page 2. The form will then be sent to the Medical Director, who will forward it to the Pharmacy and Therapeutics Committee for review.

A. Occurrence Date: _____ Time: _____ Reported Date: _____ Time: _____
 Reporting Employee Name: _____ Title: _____ Unit: _____
 Patient Name: _____ MHID# _____
 Medication Name: _____ Strength: _____
 Description of Incident: _____

 Check All That Apply

B. OCCURRENCE TYPE

Nursing Service..... Pts

Pharmacy Service.....Pts

Documentation:

- ___ Failure to record administered dose on Medication Administration Record (MAR)1
- ___ Failure to transcribe an order correctly on MAR.....2
- ___ Failure to transcribe an order on the MAR...2

Order Entry:

- ___ Wrong Patient.....4
- ___ Wrong medication.....4
- ___ Wrong dose2
- ___ Wrong frequency.....1
- ___ Wrong time1
- ___ Missed order2
- ___ Wrong dosage form.....1.
- ___ Failure to discontinue med1
- ___ Medication dispensed without order.....4
- ___ Failure to resolve a drug allergy issue...4
- ___ Failure to resolve a clinically significant drug interaction/contraindication issue...4
- ___ Other _____

Administration:

- ___ Wrong patient.....4
- ___ Wrong medication.....3
- ___ Wrong dose.....2
- ___ Wrong route.....1
- ___ Wrong time.....1
- ___ Omitted dose.....1
- ___ Unordered medication4
- ___ Discontinued med given.....2
- ___ Expired/deteriorated/contaminated medication given.....2
- ___ Allergy to medication.....4
- ___ Patient refused medication.....1
- ___ Other _____

Compounding/Dispensing:

- ___ Wrong patient.....2
- ___ Wrong medication.....2
- ___ Wrong dose.....1
- ___ Incorrect label.....2
- ___ Outdated/deteriorated/contaminated medication.....2
- ___ Other _____

SUBTOTAL (part B) _____ pts.

C. NUMBER OF DOSES (1 pt for each dose) _____ pts (SUBTOTAL)

D. OUTCOME SEVERITY CODE (Check one)

- Corrective action taken prior to error occurring..... 0.5 pts
- Error- no harm to patient 1 pts
- Error- increased monitoring- no harm to patient..... 2 pts
- Error- increased monitoring- increased morbidity, increased level
of care 3 pts
- Error- death 4 pts

D. SEVERITY FACTOR _____

E. ERROR POINTS

Occurrence Type (B) + Doses (C) x Severity Factor (D) = Error Points

TOTAL POINTS _____

F. CONTRIBUTING CAUSES (Check all that apply)

Prescriber Related:

- Incorrectly prescribed medication
- Illegibly written order
- Ambiguously written order
- M.D./CNS number: _____

Equipment:

- Poor fax quality
- Defective/malfunctioning equipment
- other: _____

Individual:

- Miscalculation
- Typographical error
- Policy/procedure not followed
- Failure to communicate
- Failure it ID patient
- Error in judgement
- Insufficient attention to detail
- Other: _____

Organizational:

- No/ineffective policy/procedure
- Staff assignment issue
- Education/training issue
- Other system related:

G. CORRECTIVE ACTION (Check all that apply)

Individual:

- Counseling
- Restriction of duties
- Inservice/education
- Progressive discipline
- Other: _____

Departmental:

- Establish policy/procedure
- Inservice/training
- Revise policy/procedure
- Equipment repair or replacement
- Reviewed at staff meeting
- Other: _____

Organizational:

- Refer to Pharmacy and Therapeutics
- Refer to administration
- Other: _____

COMMENTS: _____

EMPLOYEE SIGNATURE: _____ SUPERVISOR SIGNATURE: _____

MEDICAL DIRECTOR SIGNATURE: _____ DATE REVIEWED: _____