CHANCY DRUGS
Est 1966

Pharmacy Error Report

Medication Error Report – CONFIDENTIAL

Step One - Call Management Office to report error
Step Two – Fill out form, keep a copy and send a copy to Management Office
Step Three – Review flow/policy to see what changes need to be made

I. Pharmacy Information

Pharmacy name: _____
City, State: _____
Name of Pharmacist in Charge: _____

II. Data Reporting

Patient Name _____
Date/time of error: _____
Rx Number: _____
Person discovering the error: _____
Pharmacist making error: _____
Pharmacy Technician making error: _____
First Impression Specialist involved in error: _____

Summary of error: _____
_____
_____
_____

ANSWER ALL QUESTIONS - LEAVE NO AREA BLANK:

Did the error reach the patient: ___ No ___ Yes

Was the incorrect medication, dose, or form taken by the patient: ___ No ___ Yes   If yes, how many doses? ____

Patient/family notified: __ No __ Yes: Date/time: _____

Prescriber notified: ___ No ___ Yes: Date/time: _____ Who? _____

Medical attention needed: ___No ___Yes: Date/time: _____

New orders received: ___ No ___ Yes: Date/time: _____

IV. Pharmacy's Error Analysis – causes and/or contributing factors

Indicate the facility's determination of the cause of the medication error (check all that apply and explain):
a.   Verbal miscommunication: _____
b.   Written miscommunication: _____
c.   Misinterpretation of medication order: _____
d.   Misinterpretation of delegation directions: _____

e.   Proprietary, brand or generic medication name confusion: _____

f.   Wrong medication given to wrong patient_____

g.   Other (be specific) _____

V. Patient Outcomes:

     ___ Required additional monitoring   ___ Required additional treatment

     ___ Transferred to acute care facility   ___ Patient expired

     ___ Patient is well

Other (explain): _____

_____

_____

_____

VI. Statements

I attest that, to my knowledge, this is a true and accurate report.

_____   _____   _____

Name/title of individual completing report   Signature   date/time

_____   _____   _____

Name of Pharmacist-in-Charge   Signature   date/time

_____   _____   _____

Name of Pharmacist making error   Signature   date/time

_____   _____   _____

Name of others involved   Signature   date/time

_____   _____   _____

Name of others involved   Signature   date/time