



# REPORT OF MEDICATION ERROR

State Form 29493 (R3 / 7-17)

LOGANSPORT STATE HOSPITAL

Confidential under IC 16-14-1.6-8 Subsection (b).

- INSTRUCTIONS:**
1. Complete **both** sides of this form.
  2. After the Physician and Nursing Supervisor have completed their **statement sections**, forward the completed forms to the Quality Management Nurse.

<b>S E C T I O N  1</b>	Unit	Name of patient	Age	Patient ID number	Number of doses administered in error	<b>Types of Medication Errors:</b> <input type="checkbox"/> A. Prescribing error - Incorrect drug selection based on indication, contraindications, known allergies, existing drug therapy, and other factors, dose, dosage form, quantity, route, concentration, rate of administration or instructions for use of a drug product ordered or authorized by physician (or other legitimate prescriber); illegible prescriptions or medication orders that lead to errors that reach the patient. <input type="checkbox"/> B. Omission error - Failure to administer an ordered dose to a patient before the next scheduled dose, if any <input type="checkbox"/> C. Wrong time error - Administration of medication outside a predefined time interval from its scheduled administration time (This interval should be established by each individual health care facility). <input type="checkbox"/> D. Unauthorized drug error - Administration to the patient of medication not authorized by legitimate prescriber for the patient. <input type="checkbox"/> E. Improper dose error - Administration to the patient of a dose that is greater than or less than the amount ordered by the prescriber or administration of duplicate doses of the patient; i.e., one or more dosage units in addition to those that were ordered. <input type="checkbox"/> F. Wrong dosage-form error - Administration to the patient of drug products in a different dosage form than ordered by the prescriber. <input type="checkbox"/> G. Wrong drug-preparation error - Drug product incorrectly formulated or manipulated before administration. <input type="checkbox"/> H. Wrong administration technique error - Inappropriate procedure or improper technique in the administration of a drug. <input type="checkbox"/> I. Deteriorated drug error - Administration of a drug that has expired or for which the physical or chemical dosage-form integrity has been compromised. <input type="checkbox"/> J. Monitoring error - Failure to review a prescribed regimen for appropriateness and detection of problems, or failure to use appropriate clinical or laboratory data for adequate assessment of patient response to prescribe therapy. <input type="checkbox"/> K. Other medication error - Any medication error that does not fall into one of the above predefined categories. <input type="checkbox"/> L. Documentation error	
	Could the medication error have been prevented? <i>If yes, explain how.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				Date(s) of error(s) (month, day, year)		
					Time(s) of error(s)		
	Describe the medication error. (Include name of medication, dose, and route; attach an extra sheet of paper if necessary.)						
Name of reporting individual			Date (month, day, year)		Time action initiated <input type="checkbox"/> AM <input type="checkbox"/> PM		
<b>S E C T I O N  2</b>	Nursing assessment and action						
	Signature of nurse		Date (month, day, year)		Time <input type="checkbox"/> AM <input type="checkbox"/> PM		
	Statement of physician (if not a potential error)						
	Signature of physician		Date (month, day, year)		Time <input type="checkbox"/> AM <input type="checkbox"/> PM		
<b>S E C T I O N  3</b>	Statement of nursing supervisor						
	Signature of nurse		Date (month, day, year)		Time <input type="checkbox"/> AM <input type="checkbox"/> PM		
<b>S E C T I O N  4</b>	<b>SUMMARY OF MEDICATION ERROR MONITOR</b>						
	Potential or Administration Significant?		Follow-up Education				
	Type of error						
	Causes						
	Route given						
	Classification						
	Prescribing, dispensing (pharmacy), administration						
	Physician, Nurse, QMA, Attendant, Pharmacy responsible for causing the medication error						
	Signature of the medication monitor		Date (month, day, year)		Time <input type="checkbox"/> AM <input type="checkbox"/> PM		

**CAUSE(S) OF MEDICATION ERROR(S) (Check all that apply.)**

- 1. Illegible handwriting
- 2. Inappropriate abbreviations used in prescribing
- 3. Incomplete physician's order
- 4. Medication unavailable
- 5. Accidentally gave wrong meds to patient
- 6. Patient intervention (patient "stole" medication while attendant or nurse looked away); a second patient stepped in front of the first patient to receive the wrong medication
- 7. Medication discontinued
- 8. Automatic stop ordered exceeded
- 9. Drug product nomenclature (look-alike, sound-alike)
- 10. Mis-measured or miscalculated dose
- 11. Medication dispensed incorrectly
- 12. Medication labeled incorrectly
- 13. Ambiguous strength designation on labels or in packaging
- 14. Incorrect dilution or reconstitution of a drug
- 15. Not shaking a suspension when required
- 16. Using an expired drug
- 17. Not keeping a light-sensitive drug protected
- 18. Mixing incompatible drugs
- 19. Incorrect use of an administration device
- 20. Lab protocols not completed prior to drug administration
- 21. Vital signs / blood pressure not taken before drug given
- 22. Vital signs / blood pressure not at required level for drug administration
- 23. Allergy / contraindications unobserved
- 24. Self-administer patient compliance problem
- 25. Inaccurate-omitted charting in Reliable
- 26. Misread / misinterpreted Reliable
- 27. Failure to use Reliable
- 28. Failure to concentrate / doing too many jobs at once / lost track of time / carelessness
- 29. Environmental problems, noise, distractions, patient load, stress
- 30. Extenuating circumstances:
  - a. Nurse / Attendant not available to assist with problems
  - b. Nurse was not informed or misinformed on a medication to be given
  - c. Lapses in individual performance
- 31. Documentation Error
- 32. Other (Give brief description below.)

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