

MEDICATION SAFETY REPORTING FORM

MEDMARX Code

Medical Record

Complete as soon as possible after discovering a medication error and giving appropriate patient care.

Check the ONE category that describes the SEVERITY of the error based on harm to the patient

	NO ERROR	NO HARM
	Category A	Circumstances or events have the capacity to cause error
	ERROR	NO HARM
	Category B	Error occurred but it did not reach patient
	Category C	Error occurred that reached the patient, but did not cause harm (includes errors of omission)
	Category D*	Error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to prevent harm
	ERROR	HARM
	Category E*	Error occurred that may have contributed to, or resulted in, temporary harm to the patient and required intervention
	Category F*	Error occurred that may have contributed to, or resulted in, temporary harm to the patient and required initial or prolonged hospitalization
	Category G*	Error occurred that may have contributed to, or resulted in, permanent harm to patient
	Category H*	Error occurred that required intervention necessary to sustain life
	ERROR	DEATH
	Category I*	Error occurred that may have contribute to, or resulted in, patient death
*Complete checklist of monitoring or interventions required for Category D – I errors on the back of the form		

Source of record: Inpatient Outpatient LTC/AL Resident Date of Error: _____ Date of Report: _____

DESCRIBE THE ERROR, how the error occurred, how it was discovered:

Check the type(s) of the error:

- Deteriorated product
- Drug prepared incorrectly
- Expired product
- Extra dose
- Improper dose/quantity
- Mislabeling
- Omission
- Prescribing error
- Unauthorized/wrong drug
- Wrong admin technique
- Wrong dosage form
- Wrong route
- Wrong patient
- Wrong time

Check the cause(s) of the error:

- Abbreviations
- Barcode, medication mislabeled
- Barcode, override warning
- Barcode, failure to scan
- Blanket orders
- Brand names look alike
- Brand names sound alike
- Brand/generic names look alike
- Brand/generic names sound alike
- Calculation error
- Communication
- Computer entry
- Computer prescriber order entry
- Computer screen display unclear/confusing
- Computer software
- Contraindicated, drug allergy
- Contraindicated, drug/ drug
- Contraindicated, drug/ food
- Contraindicated in disease
- Contraindicated in pregnancy/breastfeeding
- Decimal point
- Diluent wrong
- Dispensing device involved
- Documentation inaccurate/lacking
- Dosage form confusion
- Drug distribution system
- Drug shortage
- Equipment design confusing/inadequate
- Equipment (not pumps) failure/malfunction
- Fax/scanner involved
- Generic names look alike
- Generic names sound alike
- Handwriting illegible/ unclear
- Incorrect medication activation
- Information mgt. system
- Knowledge deficit/training Insufficient
- Label (manufacturer's) design
- Label (your facility's) design
- Labeling (your facility's)
- Leading zero missing
- MAR variance
- Measuring device inaccurate/inappropriate
- Monitoring inadequate/lacking
- Non-formulary drug
- Non-metric units used
- Override
- Packaging/container Design
- Patient identification failure
- Preprinted order form
- Performance (human) deficit
- Prefix/suffix misinterpreted
- Procedure/Protocol not followed
- Pump, failure/malfunction
- Pump, improper use
- Reconciliation-admission
- Reconciliation-discharge
- Reconciliation-transition
- Reference material confusing/inaccurate
- Repackaging by your facility
- Repackaging by other facility
- Similar packaging/labeling
- Similar products
- Storage proximity
- System safeguards inadequate
- Trailing / terminal zero
- Transcription inaccurate /omitted
- Unlabeled syringe/container
- Verbal order confusing/ incomplete
- Weight missing/inaccurate
- Written order confusing/ incomplete
- Workflow disruption

Check factors that contributed to the error:

- A contributing factor not determined
- Barcode, missing
- Barcode, non-readable
- Barcode, system non-functional
- Code situation
- Computer system/network down
- Cross coverage
- Distractions
- Emergency situation
- Fatigue
- Imprint, identification failure
- Language, barrier
- No 24-hour pharmacy
- No access to patient info
- None
- Patient names similar/same
- Patient transfer
- Poor lighting
- Range orders
- Shift change
- Staff, agency/ temporary
- Staff, floating
- Staff, inexperienced
- Staffing, alternative hours
- Staffing, insufficient
- Workload increase

Check the ONE PHASE where the error ORIGINATED				<input type="checkbox"/> Procurement
<input type="checkbox"/> Prescribing	<input type="checkbox"/> Transcribing/Documenting	<input type="checkbox"/> Dispensing	<input type="checkbox"/> Administering	<input type="checkbox"/> Monitoring

Check the LOCATION of the initial error (Location Detail on Medmarx Data Entry Form—Required Field)

<input type="checkbox"/> Inpatient Acute	<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Emergency Dept	<input type="checkbox"/> Outpatient Clinic	<input type="checkbox"/> Outpatient Surgery	<input type="checkbox"/> LTC
--	--	---	--	---	------------------------------

LEVEL of STAFF REPORTING and MAKING the ERROR – Check if known

	<u>Reporting</u>	<u>Making</u>		<u>Reporting</u>	<u>Making</u>
RN	<input type="checkbox"/>	<input type="checkbox"/>	MD	<input type="checkbox"/>	<input type="checkbox"/>
LPN	<input type="checkbox"/>	<input type="checkbox"/>	Patient Safety Off.	<input type="checkbox"/>	<input type="checkbox"/>
LPN-C	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>
CNA/MA	<input type="checkbox"/>	<input type="checkbox"/>	Pharm tech	<input type="checkbox"/>	<input type="checkbox"/>
Clerk	<input type="checkbox"/>	<input type="checkbox"/>	QA/QI	<input type="checkbox"/>	<input type="checkbox"/>
NP	<input type="checkbox"/>	<input type="checkbox"/>	RRT	<input type="checkbox"/>	<input type="checkbox"/>
NA	<input type="checkbox"/>	<input type="checkbox"/>	Student	<input type="checkbox"/>	<input type="checkbox"/>
PA	<input type="checkbox"/>	<input type="checkbox"/>	Patient/Family	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION(S) INVOLVED (*generic name if known*), **DOSE, FREQUENCY, ROUTE:** _____

Patient Age (**only**): _____ Sex: M F Physician Notified: No Yes Time of Error: _____
 Number of occurrences: _____ (range: 1-300)

Check actions taken to avoid future errors:

- Communication process improved
- Education/ training provided
- Environment modified
- Formulary changed
- Informed staff who made the initial error
- Informed staff involved in initial error
- Informed patient/ caregiver of error
- Policy/ procedure changed
- Policy/ procedure instituted
- Staffing practice/ policy modified

Further suggestions regarding system changes to prevent this error:

*******REQUIRED FOR CATEGORY D – I ERRORS*******

Check additional interventions/monitoring

- A level of care not determined
- Airway established/ patient ventilated
- Antidote administered
- Blood product infusion
- Cardiac defibrillation performed
- CPR administered
- Delay in diagnosis/treatment/surgery
- Dialysis
- Drug therapy initiated/ changed
- Hospitalization, initial
- Hospitalization, prolonged 1 – 5 days
- Hospitalization, prolonged 6 – 10 days
- Hospitalization, prolonged > 10 days
- Laboratory tests performed
- Narcotic antagonist administered
- Observation initiated / increased
- Oxygen administered
- Surgery performed
- Transferred to a higher level of care
- Vital signs monitoring initiated / increased
- X-ray / MRI / other diagnostic tests performed

Thank you for contributing to patient safety and quality of care. Place this form in an envelope marked “Medication Error” and return to your quality assurance coordinator/ risk manager.