

**Medication Incident Report Form (please print)**

**Incident#:** \_\_\_\_\_  
(Office use ONLY)

Consumer's name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Address of incident: \_\_\_\_\_ Phone Number of Worker: \_\_\_\_\_  
Worker involved in incident: (last name): \_\_\_\_\_ (first name) \_\_\_\_\_

**SITE OF INCIDENT: (Please check box in front of location)**

<input type="checkbox"/>	<b>Foster Home</b>	<input type="checkbox"/>	<b>Family Home</b>	<input type="checkbox"/>	<b>Community</b>	<input type="checkbox"/>	<b>School</b>	<input type="checkbox"/>	<b>Other</b>	<b>Describe</b>
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**IDENTIFY ALL INVOLVED (INCLUDING WORKERS):** \_\_\_\_\_  
\_\_\_\_\_

**Describe the Medication Error or Incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If a Medication Variance occurred, which "rights" were violated by this error:**

<b>Right medication</b> _____	<b>Right amount</b> _____	<b>Note: Medication given more than 1 hour on either side of prescribed time is wrong time.</b>
<b>Right time</b> _____	<b>Right person</b> _____	
<b>Right route</b> _____		

**Describe any reactions noted due to the error:** \_\_\_\_\_  
\_\_\_\_\_

**When did you notice the error had occurred?** \_\_\_\_\_

**Interventions made (Contacts made by worker to doctor, nurse, case manager, etc.):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resolution of Incident:** \_\_\_\_\_  
\_\_\_\_\_

**What should be done in the future to avoid another medication incident or error?:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ <b>Signature of Person Preparing Report</b>	_____ <b>Title/Relationship</b>	_____ <b>Date</b>
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===== DO NOT WRITE BELOW THIS LINE=====  
Date Received \_\_\_\_\_ \*LSS Only- Date Called In: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Person called: \_\_\_\_\_  
Date Form Received: \_\_\_\_\_ Time of Day \_\_\_\_\_ Copies: \* Nurse \_\_\_ Caseworker \_\_\_ \*Administrative staff \_\_\_\_\_

Revised: 11/14/08

**Incident Type Definition**

**Medication Incident:** Any situation not classified as variance.  
**Medication Variance:** Violation of patient rights, right medication, route, dose, and time.

