LADY READING HOSPITAL (MTI) PESHAWAR
DEPARTMENT OF PHARMACY SERVICES

Form No. _____

Date: _____

MEDICATION ERROR REPORTING FORM
For <u>Voluntary</u> reporting of Medication Errors by healthcare professionals

IMPORTANT: DO NOT PLACE IT IN PATIENT'S RECORD

Complete as soon as possible after discovering a medication error and giving appropriate patient care. Reporters should not provide any individually identifiable health information, including names of practitioners, names of patients, names of healthcare facilities, or dates of birth (age is acceptable).

Please 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

* NCCMERP Index

Date:	Reporting Person & Designation:	
Patient Gender:	**Age (Years):**	**Diagnosis:**

Date of event		Time of event		Ward	

In which process did the error occurred?

☐ Prescribing ☐ Dispensing (includes filling) ☐ Administration ☐ Others (specify):
_____

Please describe the error. Include description/sequence of events and work environment (e.g. change of shift, short staffing, during peak hours). If more space is needed, please attach a separate page.

Did the error reach the patient?

☐ Yes   ☐ No

Was the incorrect medication, dose or dosage form administered to or taken by the patient?
☐ Yes   ☐ No

Indicate the possible error cause(s) and contributing factor(s)

☐ Prescribing   ☐ Peak Hour   ☐ Stock arrangement/storage problem
☐ Failure to adhere to work procedure ☐ Illegible prescription   ☐ Sound alike medicine
☐ Look-alike medication/packages   ☐ Patient information/record unavailable/inaccurate
☐ Others (please specify) _____

Which category made the initial error?	**Other category also involved in the error.**	**Which category detected the error or recognized the potential error?**
☐ Doctor ☐ Pharmacist ☐ Nurse ☐ Pharmacist Asst. ☐ Others: _____	☐ Doctor ☐ Pharmacist ☐ Nurse ☐ Pharmacist Asst. ☐ Others: _____	☐ Doctor ☐ Pharmacist ☐ Nurse ☐ Pharmacist Asst. ☐ Others: _____

Please give the details of product(s) involved (Brand, Generic, dosage form, and strength of product(s)
1. _____
2. _____

Check the type(s) of the error

- ☐ Deteriorated product
- ☐ Drug prepared incorrectly
- ☐ Expired product
- ☐ Extra Dose
- ☐ Improper dose/quantity
- ☐ Mislabelling
- ☐ Omission
- ☐ Prescribing error
- ☐ Unauthorized/wrong drug
- ☐ Wrong administration way
- ☐ Wrong dosage form
- ☐ Wrong dispensing
- ☐ Wrong route
- ☐ Wrong patient
- ☐ Wrong time

Check the cause(s) of the error

- ☐ Abbreviations
- ☐ Brand names look alike
- ☐ Brand names sound alike
- ☐ Calculation error
- ☐ Communication
- ☐ Confusing verbal order
- ☐ Confusing written order
- ☐ Contraindicated in disease
- ☐ Other (specify)
- ☐ Contraindicated in pregnancy
- ☐ Contraindicated, drug allergy
- ☐ Decimal point
- ☐ Diluent wrong
- ☐ Documentation error
- ☐ Dosage form error
- ☐ Generic names look alike
- ☐ Generic names sound alike
- ☐ Handwriting illegible
- ☐ Inaccurate transcription
- ☐ Knowledge deficit
- ☐ Labelling error
- ☐ Medication mislabelled
- ☐ Missing weight
- ☐ Procedure/Protocol not followed
- ☐ Workflow disruption

_____

Check the factor(s) that contributed the error

- ☐ Factor not determined
- ☐ Emergency situation
- ☐ Patient transfer
- ☐ Shift change
- ☐ Distraction
- ☐ Similar named Patients
- ☐ Language barrier
- ☐ Cross coverage
- ☐ None
- ☐ Inexperienced staff
- ☐ Poor lighting
- ☐ No access to patient info
- ☐ Floating staff
- ☐ Fatigue
- ☐ Workload increase
- ☐ Temporary staff

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 designed
- ☐ Staffing practice

Further suggestions regarding system changes to prevent this error:

_____

_____

Confidentiality: The patient's and personal (involved in error) identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction but to improve the patient care service in future.

FOR PHARMACOVIGILANCE CENTRE (PVC), LRH-MTI PESHAWAR

FOR DRUG AND POISON INFORMATION CENTRE (DPIC), LRH-MTI PESHAWAR

DPIC No.	Pharmacist (Name, Sign and Stamp)	DPIC Seal and Date