



Entered By _____
 Entry Date & Time: _____

Data Collection for Event: Medication Error

Medication Error Information

- Medication Error Type ***
- Charting Error Omission Order Expired Transcription Wrong Dose
 - Transcription Wrong Individual Transcription Wrong Medication Transcription Omission
 - Transcription Wrong Route Transcription Wrong Time Wrong Dose
 - Wrong Individual Wrong Medication Wrong Route Wrong Time

If Other _____

Time of Initial Error : am / pm **Error Discovered Time *** : am / pm

Person(s) Responsible

Severity (10 is the highest level)

Errors [More Errors can be added in the Therap System]

Medications	Name	Dose	Measurement Unit	Route	Freq	Time am/pm	First Date* Last Date*	Total Errors *
As Ordered
As Given
As Ordered
As Given
As Ordered
As Given

Reason for error

- Cause Of Error ***
- Forgot to Take on Activity Forgot to Send to Program Pharmacy Error
 - Medication not Available Medication Refused Staff Action/Inaction
 - Omission Unavoidable **If Other**

Reason/Explanation for error

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- Medical Attention Required ***
- Consult with Nurse Consult with Physician Consult with Emergency Room
 - Consult with Poison Control Center Immediate Physician's Visit None
 - Immediate Emergency Room Visit Observe and Report Only

Prescriber Notified ? Yes No **Name**

Date **Time** : am / pm

Witness 1

Witness 2

Note:- Required fields are marked with an asterisk (*)