

Medication Incident Form Template

Patient Name: _____ Telephone #: _____

Prescription Number: _____ New Rx Refill Date Dispensed: _____

Prescriber's Name: _____ Telephone #: _____

Discovered by: Pharmacy Staff Member Patient or Representative Prescriber Other

Reported to: _____ In Person By Phone Date/Time: _____

Classification: Error Near Miss Adverse Drug Reaction

Category: Incorrect Patient Incorrect Strength / Concentration Incorrect Quantity
 Incorrect Prescriber Incorrect Dosage Form / Formulation Incorrect Storage
 Incorrect Drug Incorrect Route of Administration Omitted Medication / Dose
 Incorrect Dose / Frequency Incorrect Duration of Treatment Expired Medication
 Drug Therapy Problem - Contraindication Drug Therapy Problem - Drug/Drug/OTC/NHP Interaction
 Drug Therapy Problem - Adverse Drug Reaction Drug Therapy Problem - Drug/Food Interaction
 Drug Therapy Problem - Documented Allergy Drug Therapy Problem - Drug/Disease Interaction
 Other: _____

Details of Incident: _____

Harm to Patient: No Harm - Near miss; no symptoms; no treatment Severe Harm - Symptoms required major treatment to save the patient's life or the incident shortened life expectancy
 Mild Harm - Symptoms were mild, temporary and short term Death - There is reason to believe that the incident caused or hastened the patient's death
 Moderate Harm - Symptoms required additional treatment or the incident caused permanent harm or loss of function

Was prescriber notified? Yes No

Prescriber's Comments: _____

Factors Contributing to Incident: (check all that apply) Illegible handwriting Look-alike product name Illness
 Error in recording verbal Rx Sound-alike product name Noise
 Rx misread/misinterpreted Look-alike product Interruptions
 Failure to clarify Rx DIN check failure Phones
 Incomplete patient information Calculation error Shift Change
 Failure to verify patient information Rushing/Inattention

Details of Contributing Factors: _____

Corrective Action(s) Taken: _____
