

SPECTRUM SOCIETY FOR COMMUNITY LIVING

IN-HOUSE INCIDENT REPORT FOR NON-REPORTABLE MEDICATION ERRORS

Please note: *If the medication error is serious, it must be reported on the appropriate Critical Incident Report form. A serious error is one which adversely affects an individual or requires emergency intervention or transfer to hospital.*

Program name:	Phone number:
Individual's name:	
Date of incident:	Staff name:

Type of incident (check one or more as appropriate):

- | | |
|---|---|
| <input type="checkbox"/> Incorrect dose given | <input type="checkbox"/> Incorrect person received the medication |
| <input type="checkbox"/> Incorrect route | <input type="checkbox"/> Dose omitted |
| <input type="checkbox"/> Incorrect time | <input type="checkbox"/> Documentation error |
| <input type="checkbox"/> Incorrect medication given | <input type="checkbox"/> Dispensing error |
| <input type="checkbox"/> Other (Specify: _____) | |

List medication(s) involved:
Describe what happened:

Was the pharmacist or doctor called? Yes (Specify: _____) No

If yes, what did the pharmacist / doctor recommend?	
Actions taken / current status:	
Staff signature:	Date reported:
Manager's signature:	Date reviewed:

Manager: Return completed form to H/R for filing.