

Medication Error Report

A: DETAILS OF SERVICE USER & GP

Service User:	
Prescribing GP:	

B: DETAILS OF MEDICATION PROBLEM OR ERROR ("INCIDENT")

INCIDENT (tick box as appropriate)	✓	SUMMARY OF INCIDENT
Medication given to wrong Service User:	<input type="checkbox"/>	
Wrong Medication given to Service User:	<input type="checkbox"/>	
Incorrect dosage given:	<input type="checkbox"/>	
Medication given at the wrong time:	<input type="checkbox"/>	
Medication given by wrong route:	<input type="checkbox"/>	
Medication dose missed completely:	<input type="checkbox"/>	
Service User refuses medication:	<input type="checkbox"/>	
Service User has adverse reaction to medication:	<input type="checkbox"/>	
Service User is unwell and cannot take medication:	<input type="checkbox"/>	
Illegible / incomplete / incorrect labelling of medication:	<input type="checkbox"/>	

FURTHER DETAILS OF INCIDENT & IMPLICATIONS FOR THE SERVICE USER:

Signature (for Organisation): _____ Name: _____ Date: _____

NOTIFIED: Supervisor / Manager: Date: _____	NOTIFIED: Supervisor / Manager: Date: _____	NOTIFIED: Supervisor / Manager: Date: _____	NOTIFIED: Supervisor / Manager: Date: _____
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COMMENTS & ANY ACTION REQUIRED AS A RESULT OF THE INCIDENT:

Signature (for Organisation): _____ Name: _____ Date: _____

FURTHER DETAILS OF INCIDENT & IMPLICATIONS FOR THE SERVICE USER:

Signature (for Organisation): _____ Name: _____ Date: _____