

MEDICATION ERRORS AND OMISSIONS

Name: _____ Home: _____ Record No.: _____
Date Error Discovered: _____ Time: _____ By Whom: _____
Medication Involved: _____

Description of Error in Detail (how discovered, effect on the person, sequence of events and individuals involved):

Signature of Person Making Report: _____ Date & Time: _____

Signature of Person Making Error: _____ Date & Time: _____

Name of Primary Care Provider (PCP) Notified: _____ Date & Time: _____

By Whom: _____

PCP's Instructions: _____

PCP's Signature: _____ Date & Time: _____

Supervisor's Investigation: _____

Action Taken: _____

Signature of Supervisor: _____ Date & Time: _____

Distribution: