Ministry of Health and Social Services

Medication Error Notification Form

To err is human Notification without blame.

All Medication Errors Should Be Notified. This Information is Strictly Confidential

A) Region:	Health facility name: Hospital ☐ Health center ☐ Clinic ☐	Name: Optional
B) Date and time of the incident: DD/ MM/ YY YY Time 00:00	Patient Age: _____ Gender: ☐Male ☐Female ☐Unknown	Was the medicine actually administered To the patient? ☐Yes ☐ NO ☐ Unknown

C) Place of Incident: ☐ ARV Pharmacy ☐Outpatient pharmacy ☐ Inpatient Ward ☐ Casualty

D) Name of Medicine prescribed: *(Write exactly as the prescriber has written)*	*E)* Name of the other medicine involved (prescribed/ dispensed) in error.(*If applicable):*

F) *__Type of incident__:

- ☐ Incorrect medicine
- ☐ Incorrect route of administration
- ☐ Incorrect IV rate
- ☐ Incorrect IV/ SC solution preparation
- ☐ Incorrect patient
- ☐ Incorrect duration of treatment
  - ⬭ Longer
  - ⬭ Shorter
- ☐ Other:_____
- ☐ Incorrect formulation
- ☐ Known allergic patient
- ☐ Expired medication
- ☐ Dose omitted
- ☐ Incorrect time
- ☐ Incorrect dose
  - ⬭ Higher
  - ⬭ Lower

G) *__At what stage did the incident occur?__

- ☐ Prescribing
- ☐ Transcribing
- ☐ Counseling
- ☐ Labeling
- ☐ Dispensing
- ☐ Administering
- ☐ Using/ Taking
- ☐ Monitoring
- ☐ Other:_____

H) *__Person that <u>detected</u> the incident:__

- ☐ Pharmacist
- ☐ Pharmacist assistant
- ☐ Pharmacist (intern)
- ☐ Doctor
- ☐ Doctor (intern)
- ☐ Nurse
- ☐ Patient
- ☐ Relative
- ☐ Other_____

I) __Origin/ source of the incident :__

- ☐ Pharmacist
- ☐ Pharmacist assistant
- ☐ Pharmacist (intern)
- ☐ Doctor
- ☐ Doctor (intern)
- ☐ Nurse
- ☐ Patient
- ☐ Relative
- ☐ Other_____

J) *__Contributing factors:__

- ☐ Unclear prescription
- ☐ Unclear patient identification
- ☐ "Sound-a like" medicine names
- ☐ look-alike packaging or pills
- ☐ Storage problems
- ☐ Inadequate knowledge
- ☐ Competing distractions
- ☐ Work load
- ☐ Unclear instructions

Others_____

K) *__Outcome *(tick only one outcome: the most appropriate one).*__ __The incident:__

- ☐ Did not reach the patient.
- ☐ Reached the patient but did not result in patient harm and there was <u>no need</u> for <u>patient monitoring.</u>
- ☐ Reached the patient but did not result in patient harm however there <u>was need</u> for <u>patient monitoring</u>.
- ☐ Resulted in ineffective treatment of the health problem.
- ☐ Resulted in adverse medicine reaction but there was <u>no need</u> for <u>t</u>treatment with another medicine.
- ☐ Resulted in adverse medicine reaction that <u>required treatment</u> with another medicine.
- ☐ Resulted in <u>permanent</u> patient harm.
- ☐ Resulted in patient death.

L) __Description of the incident(if needed):__

M) __What do you recommend to help prevent a similar incident from occurring again?__

NB: If patient experienced any Adverse Medicine Reaction please also completes the Adverse Medicine Reaction forms (Safety Yellow form)

* **Mandatory information**

Send/ Fax/Fax2Mail/Email to:
Therapeutics Information and Pharmacovigilance Centre (TIPC)
15 Ruhr Street Northern Industry, Windhoek
Tel: 061 203 2406/203 2312:
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