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| **Medication Error Report Form****PSI Pharmacy template** |
| **Error Details** |
| **Error Report** |
| **Date error discovered / reported:** |  | **Date error occurred:** |  |
| **Discovered by or reported to (Name / Position / Title):** |  |
| **Pharmacist(s) on duty when error occurred:** |  |
| **Details of error**: | **You may consider attaching the prescription, any other additional records or pages to the end of this form if more space is needed.** |
| **Patient Information** |
| **Name:** |  | **D.O.B:** |  |
| **Address:** |  | **Contact details:** |  |
| **Has the patient been contacted?** | [ ]  **Yes** [ ]  **No**  |
| **Details of interaction** or **reasons for not contacting patient**: |
| **If the patient took/used the medicine/medical device, what symptoms, if any, did the patient experience?** |  |
| **Error Reporting** |
| **Was the prescriber/ other health care practitioner notified?** | [ ]  **Yes** [ ]  **No** | **Date:** |
| **Prescriber name:** | **Contact details:** |
| **Details of interaction** or **reasons for not contacting the prescriber/other health care practitioner:** |  |
| **Was the superintendent and/or supervising pharmacist notified?** | [ ]  **Yes** [ ]  **No** | **Date:** |
| **Details of interaction:** |
| **Evaluation of Error** |
| **Action(s) taken to minimise impact to the patient:** |   |
| **Overall patient outcome:** |  |
| **Analysis of Error** |
| **What were the factors which caused/contributed to the error?** |  |
| **Describe any preventative actions planned or taken to prevent a reoccurrence of an error of this nature:** |  |
| **Sign off** |
| **Date report completed:** | **Signature:** |
| **Name:** | **Position/Registration Number:** |