|  |
| --- |
| Medication Near Miss LogPSI Pharmacy template |
|  | **Date** | **Discovered by** | **Details of Near Miss** | **Medicine(s) Involved** | **Patient Initials** | **Contributing Factor(s)** | **Corrective Action Taken** | **Reviewed by Pharmacist**  |
| 1 |  |  |  |  |  |  |  | **Date:****Pharmacist No. / Initials:** |
| 2 |  |  |  |  |  |  |  | **Date:****Pharmacist No. / Initials:** |
|  | **Date** | **Discovered By** | **Details of Near Miss** | **Medicine (s) Involved** | **Patient Initials** | **Contributing Factor(s)** | **Corrective Action Taken** | **Reviewed by Pharmacist**  |
| 3 |  |  |  |  |  |  |  | **Date:****Pharmacist No. / Initials:** |
| 4 |  |  |  |  |  |  |  | **Date:****Pharmacist No. / Initials:** |

|  |
| --- |
| **Review of Near Miss Log** |
| **Date of Review:** |  |
| **Review Conducted by:** |  | **Position / Registration Number:** |  |
| **What were the factors which contributed to the Near Misses?** |
| **Consider if any Preventative Actions are required to prevent a reoccurrence of the Near Misses?** |
| **Record all Actions Taken (including communications with Pharmacy Team)** |

**Supervising Pharmacist: .......................................... Signature: ............................................ Date: ……………………….**