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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication Near Miss Log  PSI 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:** |

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| --- | --- | --- | --- |
| **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: ……………………….**