Medication Error Report

Person Served:_____ **Date:**_____

Location:_____

TYPE OF MEDICATION ERROR: (check the appropriate numbered box)

1. Incorrect Person Served ☐
2. Incorrect dose ☐
3. Incorrect time ☐
4. Missed medication ☐
5. Failure to document administration of medication ☐
6. Incorrect medication ☐
7. Other Error ☐

Date of error:_____

Name of Staff(s) involved in error:_____

List medications involved in the error:

Describe medication error:

THE FOLLOWING INDIVIDUALS WERE NOTIFIED:

Delegating Nurse's Name:_____ Date:_____ Time:_____

Supervisor's Name:_____ _____ Time:_____

Signature of Individual writing report: _____ Date:_____