# MEDICATION INCIDENT REPORT

*Use this form to report an incident involving medication administration errors or issues.*

*Support or care worker to complete – Incident Details.*

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| 1. **Details** | | | | | |
| **Date:** | | | | | |
| **Time :** | | | **Report Completed By:** | | |
| **Client’s Name** | | | | | |
| 1. **Details of Medication Incident** | | | | | |
| **Date:** | | **Time:** | | **Location:** | |
| **Describe what happened/could happen and how:** | | | | | |
| 1. **Possible reason/s for incident** | | | | | |
|  | | | | | |
| 1. **Immediate action taken** | | | | | |
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| 1. **Notifications** | | | | | |
| **Coordinator:** □ YES □ NO **Next of Kin** □ YES □ NO  **GP:** □ YES □ NO **Hospital:** □ YES □ NO  **Pharmacist :** □ YES □ NO | | | | |  |
| **Treatment ordered by Doctor or Pharmacist** | | | | | |
| **SUPPORT WORKER/COORDINATOR TO COMPLETE - INCIDENT ANALYSIS**  **Category of Incident:**   Incorrect client   Incorrect medicine   Incorrect dose   Incorrect time   Incorrect route   Split or dropped medicine   Out of date medicine   Missing medicine   Lack of documentation such as assessment, medication order, medication support plan, medication record sheet (if required)   Request by a client/carer to not give medication   Breach of the Organisation policy and guidelines   Client refuses medication   Incorrect storage of medications   Incorrect supply of medications from the pharmacy   Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Signature** | | | | | |