Medication Error Report for Employees

Employee: Date of Error:

Type of Error

- ☐ I did not give medication as scheduled
- ☐ I did not sign for medications given
- ☐ I signed for medication I did not give
- ☐ Other (please describe):
- ☐ I gave a medication that was “on hold”
- ☐ I gave medication to the wrong person
- ☐ I gave the wrong dose of medication

Employee: What do you believe caused this error to happen?

- ☐ I did not follow 3-check system
- ☐ I did not have adequate knowledge
- ☐ I did not understand the abbreviations
- ☐ Other (please describe):
- ☐ I did not follow 7 rights
- ☐ I was distracted
- ☐ I did not allow adequate time

Employee Description

Employee: What do you need to do so this does not happen again?

Signature: _____ Date: _____

MUST BE COMPLETED BY HAND FROM THIS POINT ON

FOLLOW UP / RECOMMENDATIONS

Team Manager/Supervisor:

Date Employee Completed Medication Administration Course: _____

_____

_____

_____

Name: _____ Signature: _____ Date: _____

Coordinator:

Medication error number: _____

Date of last medication error: _____

- ☐ No further follow up required
- ☐ Full Medication course
- ☐ Individual coaching
- ☐ Other: Please describe

_____

_____

_____

Name: _____ Signature: _____ Date: _____

Program Director: _____ Date: _____