

Resident Medication Error Incident Report Form

Instructions: Complete this form immediately following any medication-related error. Print the completed form for physical signature and filing.

1. Resident Information

Resident Full Name:

Room/Bed Number:

Date of Birth (MM/DD/YYYY):

2. Incident Details

Date of Incident (MM/DD/YYYY):

Time of Incident (e.g., 08:30 AM):

Name of Staff Member Involved:

3. Medication Details

Medication Name (Generic/Brand):

Prescribed Dosage:

Route of Administration (e.g., Oral, IV):

Prescribed Frequency/Schedule:

4. Type of Error

Specify the type of medication error (enter "Yes" or details in the applicable fields):

Omission (Medication not given):

Wrong Dose:

Wrong Route:

Wrong Time:

Wrong Resident:

Wrong Medication:

Other Error (Describe):

5. Description and Actions Taken

Describe how the incident occurred:

Immediate action taken (e.g., vital signs checked, assessment):

Current status/condition of the resident:

6. Notifications

Physician Notified (Name):

Date and Time of Physician Notification:

Physician's Instructions/Orders:

Family/Guardian Notified (Name & Relationship):

Date and Time of Family Notification:

7. Signatures (For Print and Sign)

Person Completing Report (Print Name):

Signature & Date:

Supervisor/Director of Nursing (Print Name):

Signature & Date: