

# OKLAHOMA DEPARTMENT OF CORRECTIONS

## Medication Error Reporting Form

**INSTRUCTIONS: Please PRINT all requested information.** Privileged and Confidential: All information provided on this form, including any appended materials, is furnished as a report, is privileged and confidential, and is protected by 63 O.S. § 1-1709. This report is to be used solely in the course of internal control for the purposes of reducing morbidity and mortality and improving the quality of inmate care.

Facility: \_\_\_\_\_ Error Date: \_\_\_\_\_ Time of Error: \_\_\_\_\_ Person discovering error: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_ Drug(s) Involved: \_\_\_\_\_

Inmate ODOC#: \_\_\_\_\_

Staff Involved in Error: \_\_\_\_\_

Provider Notified: ☐ Yes ☐ No Facility Nurse Manager Notified: ☐ Yes ☐ No Inmate Notified: ☐ Yes ☐ No

**Definition:** A medication error is any preventable event that may cause or lead to inappropriate medication use or inmate harm while the medication is in the control of the health care professional or inmate. Such events may be related to professional practice, health care products, procedures, and systems including prescribing; order communication, product labeling, packaging, and nomenclature; compounding, dispensing; distribution; administration; education; monitoring; and use.

Brief Description of Medication Error: \_\_\_\_\_

**Type of Error:** (Check all that apply)

☐ Omission ☐ Wrong Dose ☐ Wrong Inmate ☐ Wrong Time ☐ Wrong Route ☐ Wrong Rate ☐ Wrong Drug ☐ Discontinued Drug

**Where in the medication process did the initial error occur?**

☐ Prescribing /Ordering ☐ Administration ☐ Documenting ☐ Monitoring ☐ Dispensing (Pharmacy) ☐ KOP

**National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP Index)**

**Fill in Error Category** \_\_\_\_\_

**A** - Circumstances or events that have the capacity to cause error.

**B** - An error occurred but the medication did not reach the inmate

**C** - An error occurred that reached the inmate but did not cause the inmate harm.

**D** - An error occurred that resulted in the need for increased inmate monitoring but not cause the inmate harm.

**E** - An error occurred that resulted in the need for treatment or intervention and caused temporary inmate harm.

**F** - An error occurred that resulted in initial prolonged hospitalization and caused temporary inmate harm.

**G** - An error occurred that may have contributed to or resulted in permanent inmate harm.

**H** - An error occurred that required intervention necessary to sustain life.

**I** - An error occurred that may have contributed to or resulted in the inmate's death.

**Possible Cause(s) of Medication Error:** (Check all that apply)

<input type="checkbox"/> Abbreviation	<input type="checkbox"/> Look/Sound Alike Drugs	<input type="checkbox"/> Packaging/Container Design
<input type="checkbox"/> Calculation Error	<input type="checkbox"/> Procedure/Protocol not Followed	<input type="checkbox"/> Technology (fax, computer)
<input type="checkbox"/> Computer Entry Error	<input type="checkbox"/> Staffing	<input type="checkbox"/> Decimal Point
<input type="checkbox"/> Handwriting Illegible	<input type="checkbox"/> Drug Allergy	<input type="checkbox"/> Verbal Order Confusing/Incomplete
<input type="checkbox"/> Drug/Drug Interaction	<input type="checkbox"/> Written Order Misunderstood	<input type="checkbox"/> Environmental Distractions (lighting, noise)
<input type="checkbox"/> Drug/Food Interaction	<input type="checkbox"/> Label Confusing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Documentation Inaccurate/Lacking	<input type="checkbox"/> Knowledge Deficit	

**Action Taken to Prevent Recurrence:**

☐ None ☐ Incident Discussed with individual(s) involved ☐ Discussed at staff meeting ☐ Review of procedure  
☐ In-service / competency review ☐ Other: (Specify) \_\_\_\_\_

**Review and Signature of facility Nurse Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please **FAX** completed report to the administrator of Pharmacy Services at **405/425-7389** within 24 hours of discovery.

**DO NOT PLACE IN MEDICAL RECORD!**

**Office of Medical Services Follow-up: (Check all that apply)**

☐ Fax to Contract Pharmacy ☐ P&T Committee ☐ PI Council ☐ Facility Audit ☐ Staff Education ☐ FMEA