XXXXXXX Hospital

Medication Incident Report Template

Report No:
Analyze Err No:
STARS Incident ID:

Patient event ☐ **Non-Patient event** ☐

Patient Details

Patient Name:
M.R.N: Male Female
Date of Birth: Age:

Affix Addressograph

Date/s of Incident: D D M M Y Y → D D M M Y Y
Time of Incident (24 hr clock): ☐☐ ☐☐
Inpatient ☐ Outpatient ☐
Ward/Department of patient:
Exact location (if different):

Stage in Patient Care:

Admission ☐ During stay ☐ Patient transfer ☐ Discharge ☐

Consultant/Specialty:

Referral Specialty and Consultant involved (if applicable):

Incident Details

Event Type - please tick:

Incident (*reached patient*) ☐ Near Miss (*did not reach pt*) ☐ Adverse Drug Reaction ☐

Discovered by: Nurse ☐ Doctor ☐ Pharmacist ☐ Patient/Family ☐ Visitor ☐ AHP ☐ Other ☐

Detection Trigger: *Please detail in plain English how the incident was discovered e.g. chart review, change in patient status, via a monitor/alarm, audit review or assessment*

Details of relevant drug/s involved (total drug history not required):

Drug Name/s	Dose/s	Route/s	Frequency	Form (e.g. tab, patch, etc)

Brief factual description of incident (in plain English):

**Please* include a copy of prescription if possible/relevant*

Stage/s of the process where incident / near miss occurred:

Prescribing ☐ Ordering ☐ Pharmacy / Dispensing ☐
Storage ☐ Administration ☐ Monitoring ☐

Incident Category: Medication Incident related to:

- Adverse Drug Reaction / Allergy (no previous history)
- Allergy/Intolerance (previously known)
- Contraindication
- Drug/Drug - Drug/Food Interaction
- Drug not indicated
- Expired drug
- Incorrect dose (over/under/duplicated dose)
- Incorrect drug
- Incorrect duration
- Incorrect formulation / presentation / diluent
- Incorrect frequency
- Incorrect labelling / instruction
- Incorrect patient
- Incorrect quantity
- Incorrect rate
- Incorrect route
- Incorrect storage
- Incorrect strength / concentration
- Incorrect time
- Monitoring inappropriate
- Omitted / missed drug / dose
- Therapeutic duplication
- Other

Pump Incident Detail (if relevant): **Brand Name of Equipment** **Asset tag Number**

Patient Outcome - Resulted in Harm: Yes No Uncertain at time of reporting

Outcome of Incident and Treatment / Monitoring Required e.g. X-Ray, blood test, ECG, dressings, new medications:

Contributory Factors:

The purpose of incident reporting is to improve quality and enhance patient safety. Therefore, it would be very helpful if you would describe briefly, in plain English, any factors which you feel may have contributed to the incident.

Reported to: Name: Verbal Written Communication

NCHD / Consultant / Manager / Pharmacy / Other (circle as appropriate)

Patient/Family Aware Yes No

Reported by: Nurse Doctor Pharmacist Patient/Family Visitor AHP Other

Follow-up Actions/ Risk Reduction Measures:

Undertaken:	Recommended:

SIGNATURE	
PRINT NAME	
Contact Bleep/extension	
e-mail	

Job Description/Title:

Date reported to doctor/other:	
Date MIR Form filled in:	

Please fill out the form as completely as possible and send to:

Official Use Only: Date Received: D D M M Y Y Y Y Date Reviewed: D D M M Y Y Y Y

Patient Outcome, Degree of Harm: None Mild Moderate Severe Death

Likelihood of Recurrence: Risk Rating: NCC MERP Index:

Signature: Job Description/Title:

Designed by a subgroup of the Irish Medication Safety Network, see www.imsn.ie
Approved 11/3/2014