Your Hospital's Logo Here

MEDICAL OCCURRENCE REPORT

CONFIDENTIAL INTERNAL DOCUMENT - NOT PART OF MEDICAL RECORD

PATIENT IDENTIFICATION

DATE OF OCCURRENCE:	TIME OF OCCURRENCE (Military Time)	EXACT SITE OF OCCURRENCE:

CONDITION OF PATIENT: *(CHECK ALL THAT APPLY)*
- ☐ AGITATED
- ☐ ALERT
- ☐ UNRESPONSIVE
- ☐ ORIENTED x
- ☐ CONFUSED
- ☐ SEDATED
- ☐ OTHER

REASON FOR HOSPITALIZATIONS:

MEDICATION

ROUTE OF ADMINISTRATION

- ☐ PO
- ☐ SL
- ☐ TRANSDERMAL
- ☐ IM
- ☐ S Q
- ☐ AEROSOL
- ☐ IV INCLUDES LARGE VOLUME IV'S
- ☐ EPIDURAL
- ☐ OTHER (SPECIFY)

TYPE OF OCCURRENCE (CHECK AS MANY AS APPLY)

- ☐ ALLERGIC REACTION
  - ☐ KNOWN ALLERGY
  - ☐ UNKNOWN ALLERGY
- ☐ ADVERSE DRUG REACTION*
  - SPECIFY:
- ☐ DOSAGE
  - ☐ WRONG DOSAGE GIVEN
    - SPECIFY:
  - ☐ WRONG DOSAGE SENT
    - SPECIFY:
  - ☐ WRONG DOSAGE ORDERED
    - SPECIFY:
  - ☐ DUPLICATION
    - SPECIFY:
- ☐ PATIENT DID NOT RECEIVE MEDICATION ON TIME:
  - ☐ MEDICATION NOT AVAILABLE FROM PHARMACY
  - ☐ DELAY IN ADMINISTRATION BY NURSING
- ☐ OMISSION
  - ☐ NURSING RELATED
  - ☐ PHARMACY RELATED
- ☐ WRONG MEDICATION or WRONG ROUTE
  - ☐ GIVEN
    - SPECIFY:
  - ☐ SENT BY PHARMACY & GIVEN
    - SPECIFY:
  - ☐ SENT BY PHARMACY & NOT GIVEN
    - SPECIFY:
  - ☐ LABELING PROBLEM
    - SPECIFY:

* SPECIFY INFORMATION IN SUMMARY OF FACTS

SUMMARY OF FACTS

AREAS / PERSONS NOTIFIED

	YES	NO	N/A	NAME	DATE	TIME
NURSE MANAGER SUPERVISOR	☐	☐	☐			
PHYSICIAN	☐	☐	☐			
PHARMACY	☐	☐	☐			
RISK MANAGER	☐	☐	☐			

	PRINT NAME	SIGNATURE	TITLE	DATE
REPORTED BY:				
REPORTED PREPARED BY:				
REPORTED REVIEWED BY:				

WHITE - Medical Records **YELLOW - Attending Physician** **PINK - Consultant**

NOT A PERMANENT RECORD - DO NOT DUPLICATE

FOR COMPLETION BY NURSING / PHARMACY MANAGEMENT ONLY

FOLLOW - UP / INVESTIGATION MEDICATION OCCURRENCE

PATIENT NAME: ____________________

DATE OF OCCURRENCE: ____________________

SHIFT: ____________________

UNIT: ____________ NURSE MANAGER: ____________________

1. TYPE OF ERROR

- ☐ A. OMISSION
- ☐ B. WRONG DRUG
- ☐ C. EXTRA DOSE
- ☐ D. WRONG DOSE
- ☐ E. WRONG TIME
- ☐ F. WRONG RATE
- ☐ G. WRONG ROUTE
- ☐ H. WRONG PREPARATION
- ☐ I. WRONG DOSE FORM

2. TYPE OF ERROR

- ☐ A. NOT TRANSCRIBED
- ☐ B. TRANSCRIBED WRONG
- ☐ C. CHARTING ERROR
- ☐ D. COMMUNICATION PROBLEM
- ☐ E. PHYSICIAN ORDER PROBLEM
- ☐ F. WRONG MEDICATION DISPENSED
- ☐ G. MEDICATION UNAVAILABLE
- ☐ H. LABELING PROBLEM
- ☐ I. MEDICATION ADMINISTRATION ERROR
- ☐ J. EQUIPMENT RELATED
- ☐ K. LACK OF MONITORING
- ☐ L. NON-COMPLIANCE WITH STANDARD

3. SEVERITY

	YES*	NO
A. INCREASED MONITORING NEEDED	☐	☐
B. VITAL SIGN CHANGE	☐	☐
C. ADDITIONAL LAB ORDERED	☐	☐
D. TREATMENT NEEDED	☐	☐
E. INCREASED LOS	☐	☐

*** Explain any "YES" answers**

DEMOGRAPHICS

CHECK (X) THE TITLE OF PERSONNEL INVOLVED IN THE INCIDENT. IF MORE THAN ONE PERSON IS INVOLVED, INDICATE ADDITIONAL DEMOGRAPHICS.

NURSING
- ☐ RN
- ☐ LPN
- ☐ TRAVELER
- ☐ PER DIEM
- ☐ AGENCY
- ☐ STUDENT

PHARMACY
- ☐ PHARMACIST
- ☐ PHARMACY TECHNICIAN

PHYSICIAN
- ☐ RESIDENT
- ☐ HOUSE OFFICER
- ☐ ATTENDING
- ☐ MEDICAL STUDENT
- ☐ CONSULTANT

OTHER
- ☐ UNIT SECRETARY
- ☐ PATIENT
- ☐ OTHER (Describe Below)

5. CONTRIBUTING FACTORS:

6. ACTION TAKEN:

7. RECOMMENDATION FOR PREVENTION:

FOR NURSING / PHARMACY QI DOCUMENTATION ONLY

ASSIGNED CASE #:	
SEVERITY RATING:	
DRUG CLASS:	