

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-D-02.11

SUBJECT: MEDICATION ADMINISTRATION INCIDENTS/ERRORS

POLICY: A medication administration incident is defined as any deviation from the ordered medication regimen for a patient. The definition of a medication incident includes the wrong medication, wrong route, wrong patient, wrong time, wrong strength or dosage, or extra or omitted doses.

An actual error occurs only when the patient is directly involved. If correction is done before the medication is administered, no error exists but an incident report must be filled out and submitted.

The evaluation of Medication Incidents are important:

- for immediate medical concerns of the patient.
- to help prevent repeat errors.
- to achieve these goals, careful evaluation requires accurate documentation.

REFERENCE: NCCHC Standard P-D-02

PROCEDURE:

- A. A written Medication Incident Report will be prepared for each medication administration incident. The report will include all actions taken, the patient's status and the practitioner's response. The completed report or alleged medication incident will be forwarded to the Pharmacy.
- B. In cases of actual administration error, the identifying nurse will assess whether the medication reached the patient, the current condition of the patient and thereafter as necessary depending upon the medication involved. Document the patient's condition, actions taken and nursing interventions in the Progress Notes.
- C. The immediate notification of the incident, or notification at the practitioner's next scheduled office hours, will be a joint decision of the nurse manager and the reporting nurse.
- D. The Medication Incident Report will be reviewed by the appropriate management staff to determine how the incident might have been prevented and to determine if procedural changes might prevent a reoccurrence (See Attachment 1).

Medication Administration Errors

- E. For the purposes of medication incident reporting, time of administration of medication is relevant only for medications in which time intervals was specifically written in the physician orders (e.g., eye drops Q 2 hours).
- F. The Therapeutics Committee will review all Pharmacy errors at least annually.

Effective Date: _____

Revision date: April 2007

Supersedes P&P dated: March 2006

Oregon Department of Corrections
Health Services Section
Medication Incident CQI / Peer Review

Date(s) & Time of Incident _____ / _____ Date & Time Discovered _____ / _____

Medication Involved:

Medication _____ Strength/Dosage _____ Frequency _____

Describe Incident and Contributing Factors: _____

Did the medication reach the patient?

Did the patient require Monitoring?

Check all that Apply

Facility Ordering

Pharmacy Ordering

<input type="checkbox"/>	Wrong Medication	<input type="checkbox"/>	Wrong Medication
<input type="checkbox"/>	Wrong Dose	<input type="checkbox"/>	Wrong Dose
<input type="checkbox"/>	Illegible Writing	<input type="checkbox"/>	Illegible Writing
<input type="checkbox"/>	Documented Allergy	<input type="checkbox"/>	Allergy
<input type="checkbox"/>	Contraindication	<input type="checkbox"/>	Contraindication
<input type="checkbox"/>	Unclear order	<input type="checkbox"/>	Unclear Order
<input type="checkbox"/>	Verbal or Phone miss-communication	<input type="checkbox"/>	Verbal or Phone miss-communication
<input type="checkbox"/>	Delayed Start	<input type="checkbox"/>	Medication not Available
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Facility Transcribing

Pharmacy Transcribing

<input type="checkbox"/>	Written Wrong	<input type="checkbox"/>	Written Wrong
<input type="checkbox"/>	Wrong Chart	<input type="checkbox"/>	Wrong Amount
<input type="checkbox"/>	Wrong Amount	<input type="checkbox"/>	Wrong Data Entry
<input type="checkbox"/>	Wrong Data Entry	<input type="checkbox"/>	Wrong Duration
<input type="checkbox"/>	Wrong Duration	<input type="checkbox"/>	No Description of Medication
<input type="checkbox"/>	Wrong MAR	<input type="checkbox"/>	Other
<input type="checkbox"/>	Other	<input type="checkbox"/>	

Facility Administration

Pharmacy Dispensing

<input type="checkbox"/>	Wrong Medication	<input type="checkbox"/>	Wrong Medication
<input type="checkbox"/>	Wrong Dose	<input type="checkbox"/>	Wrong Dose
<input type="checkbox"/>	Wrong Route	<input type="checkbox"/>	Wrong Route
<input type="checkbox"/>	Wrong Time : AM, Mid Day/md, PM, HS	<input type="checkbox"/>	Wrong Time
<input type="checkbox"/>	Wrong Patient	<input type="checkbox"/>	Wrong Patient
<input type="checkbox"/>	Wrong Form (Tablet/Concentrate)	<input type="checkbox"/>	Wrong Form (Tablet/Concentrate)
<input type="checkbox"/>	Expired Medication	<input type="checkbox"/>	Expired Medication
<input type="checkbox"/>	Titration Incident	<input type="checkbox"/>	Titration Incident
<input type="checkbox"/>	Delayed Start	<input type="checkbox"/>	Delayed Start
<input type="checkbox"/>	Label Misread	<input type="checkbox"/>	Label Error
<input type="checkbox"/>	Dose Given From Another patient's Medication	<input type="checkbox"/>	Other
<input type="checkbox"/>	Other	<input type="checkbox"/>	

Facility Documentation

Pharmacy Documentation

<input type="checkbox"/>	Not Written on MAR	<input type="checkbox"/>	Wrong Profile
<input type="checkbox"/>	Wrong Chart	<input type="checkbox"/>	Wrong MAR
<input type="checkbox"/>	Wrong MAR	<input type="checkbox"/>	Not Written on Following Months MAR
<input type="checkbox"/>	Not Written on Following Months MAR	<input type="checkbox"/>	Other
<input type="checkbox"/>	Initialed but Not Given	<input type="checkbox"/>	Delay is other than: total time 5/7 days
<input type="checkbox"/>	Script Dose Changed on MAR	<input type="checkbox"/>	Facility sends order to pharmacy : <= 24 hours
<input type="checkbox"/>	MAR Used for Multiple Months	<input type="checkbox"/>	Pharmacy fills order: <= 48 hours
<input type="checkbox"/>	Other	<input type="checkbox"/>	Facility receives order <= 48 hours

Reporting Staff Signature _____
Date _____

Patient Label
SID#

Medication Incident Analysis Form

Staff involved comments and description of corrective action to prevent future incident: _____

Signature: _____ Date: _____

Practitioner review / comments: _____

Signature: _____ Date: _____

Supervisors/Managers review / comments _____

Signature: _____ Date: _____

Pharmacist review / comment: _____

Signature: _____ Date: _____

Incident Severity Rating Scale:

1	Circumstances or events that have the capacity to cause error or harm.
2	An error occurred but the medication did not reach the patient.
3	An error occurred that reached the patient but did not cause patient harm.
4	An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm.
5	An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention monitoring required.
6	An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization.
7	An error occurred that may have contributed to or resulted in permanent patient harm.
8	An error occurred that required intervention necessary to sustain life either temporary or permanent.
9	An error occurred that may have contributed to or resulted in the patient's death.

Action Plan to correct error and increase patient safety:

Investigation Complete Needs Further Investigation

Persons Completing Investigation: _____ Date: _____

Health Services Manager: _____ Date: _____

Facility Chief Medical Officer: _____ Date: _____

Pharmacist: _____ Date: _____

Pharmacy Administrator: _____ Date: _____

