



## Primecare Health – Record of Medication Errors Form

**An incident is a serious unplanned event that had the potential to cause harm or loss, physical, financial or material.**

|   |  |
|---|--|
| <b>Service User's address</b>           |  |
| <b>Name and DOB of the service user</b> |  |
| <b>Date of incident</b>                 |  |
| <b>Time of incident</b>                 |  |
| <b>People involved in incident</b>      |  |

|                              |  |
|------------------------------|--|
| <b>Incident reported by:</b> |  |
|------------------------------|--|

|  |                              | Incident reported to CI?   | Date and time report being sent to CI | Outcomes /comments |
|--|------------------------------|--|---------------------------------------|--------------------|
|  | <b>Missed visit</b>          | If the incident has caused the client to be harmed. Please report to CI within 24 h. Please attach missed visit form | YES/NO                                |                    |
|  | <b>Allegation of abuse</b>   | In all cases of allegation of abuse please report it immediately to CI   | YES/NO                                |                    |
|  | <b>Infection outbreak</b>    | All suspected or known outbreaks of infection has to be reported to CI immediately                                   | YES/NO                                |                    |
|  | <b>Death of service user</b> | If death occurs or was indentified when service was being provided please  | YES/NO                                |                    |

|  |                                 |  |        |  |  |
|--|---------------------------------|--|--------|--|--|
|  |                                 | report to CI immediately   |        |  |  |
|  | <b>Allegation of misconduct</b> | All misconduct of behaviour that warrants investigation, dismissal or other disciplinary action has to be reported to CI within 24 h.                                    | YES/NO |  |  |
|  | <b>Medication error</b>         | If there is a medication error which harmed or might harm the service user please report to the GP immediately and to CI within 24h, please attach medication error form | YES/NO |  |  |
|  | <b>Others</b>                   | Please speak to your line manager for further advice   | YES/NO |  |  |

|                                |
|--------------------------------|
| <b>Description of incident</b> |
|                                |

|                     |
|---------------------|
| <b>Action taken</b> |
|                     |

**Manager's signature** \_\_\_\_\_

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