Primecare Health Ltd - MEDICATION ERROR REPORT FORM

DATE FORM COMPLETED	
NAME OF SERVICE USER	
ADDRESS OF SERVICE USER	
DATE OF BIRTH	
DATE OF ERROR	
TIME OF ERROR	

Nature of error/incident (tick as appropriate)	
	Incorrect medication given
	Incorrect time
	Incorrect dose
	Incorrect route
	Incorrect service user
	Medication omitted
	Medication record sheet not signed
	Failure to document reason for missed dose
	Pharmacy error
	Other (please specify)

Description of Error (Describe exactly what happened including the reason the error occurred	
(Office use) **GP notified**	**YES/NO**
GP comments – any adverse affects	
GP NAME	
Family notified	**YES/NO**
Is this incident reportable?	YES/NO If YES please report to Care Inspectorate and attach report form.
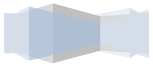
(Office use) **Action taken as a result of the error**	
(Office manager to complete) **How can this incident be prevented in the future?**	
Care Worker: **(Sign and print name)**	
Primecare Health's representative: **(Sign and print name)**	
Report Reviewed By:	
Date Reviewed	
Action taken:	
Entered onto IT System	