

# OKLAHOMA DEPARTMENT OF CORRECTIONS

## Medication Error Reporting Form

**INSTRUCTIONS: Please PRINT all requested information.** Privileged and Confidential: All information provided on this form, including any appended materials, is furnished as a report, is privileged and confidential, and is protected by 63 O.S. § 1-1709. This report is to be used solely in the course of internal control for the purposes of reducing morbidity and mortality and improving the quality of inmate care.

Facility: \_\_\_\_\_ Error Date: \_\_\_\_\_ Time of Error: \_\_\_\_\_ Person discovering error: \_\_\_\_\_  
 Location of Occurrence: \_\_\_\_\_ Drug(s) Involved: \_\_\_\_\_  
 Inmate ODOC#: \_\_\_\_\_  
 Staff Involved in Error: \_\_\_\_\_  
 Provider Notified:  Yes  No Facility Nurse Manager Notified:  Yes  No Inmate Notified:  Yes  No

**Definition:** A medication error is any preventable event that may cause or lead to inappropriate medication use or inmate harm while the medication is in the control of the health care professional or inmate. Such events may be related to professional practice, health care products, procedures, and systems including prescribing; order communication, product labeling, packaging, and nomenclature; compounding, dispensing; distribution; administration; education; monitoring; and use.

Brief Description of Medication Error: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Type of Error:** (Check all that apply)  
 Omission  Wrong Dose  Wrong Inmate  Wrong Time  Wrong Route  Wrong Rate  Wrong Drug  Discontinued Drug  
**Where in the medication process did the initial error occur?**  
 Prescribing /Ordering  Administration  Documenting  Monitoring  Dispensing (Pharmacy)  KOP

**National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP Index)**  
**Fill in Error Category** \_\_\_\_\_  
**A** - Circumstances or events that have the capacity to cause error.  
**B** - An error occurred but the medication did not reach the inmate  
**C** - An error occurred that reached the inmate but did not cause the inmate harm.  
**D** - An error occurred that resulted in the need for increased inmate monitoring but not cause the inmate harm.  
**E** - An error occurred that resulted in the need for treatment or intervention and caused temporary inmate harm.  
**F** - An error occurred that resulted in initial prolonged hospitalization and caused temporary inmate harm.  
**G** - An error occurred that may have contributed to or resulted in permanent inmate harm.  
**H** - An error occurred that required intervention necessary to sustain life.  
**I** - An error occurred that may have contributed to or resulted in the inmate's death.

**Possible Cause(s) of Medication Error:** (Check all that apply)  
 Abbreviation  Look/Sound Alike Drugs  Packaging/Container Design  
 Calculation Error  Procedure/Protocol not Followed  Technology (fax, computer)  
 Computer Entry Error  Staffing  Decimal Point  
 Handwriting Illegible  Drug Allergy  Verbal Order Confusing/Incomplete  
 Drug/Drug Interaction  Written Order Misunderstood  Environmental Distractions (lighting, noise)  
 Drug/Food Interaction  Label Confusing  Other: \_\_\_\_\_  
 Documentation Inaccurate/Lacking  Knowledge Deficit

**Action Taken to Prevent Recurrence:**  
 None  Incident Discussed with individual(s) involved  Discussed at staff meeting  Review of procedure  
 In-service / competency review  Other: (Specify) \_\_\_\_\_

**Review and Signature of facility Nurse Manager:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Please **FAX** completed report to the administrator of Pharmacy Services at **405/425-7389** within 24 hours of discovery.  
**DO NOT PLACE IN MEDICAL RECORD!**

**Office of Medical Services Follow-up: (Check all that apply)**  
 Fax to Contract Pharmacy  P&T Committee  PI Council  Facility Audit  Staff Education  FMEA