

Medication Event Type Screenshot

Event Type
Selected:
Medication

***Event Type:**
Medication Event

***Event SubType:**
Please select Event SubType:

Was the family notified?
 Yes No

***Describe the event:**

Cause of event:

<input type="checkbox"/> A contributing factor not determined	<input type="checkbox"/> Code/emergency situation	<input type="checkbox"/> Communication
<input type="checkbox"/> Computer system/network down	<input type="checkbox"/> Cross coverage	<input type="checkbox"/> Distractions
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Imprint, identification failure	<input type="checkbox"/> No 24hr pharmacy
<input type="checkbox"/> No access to patient information	<input type="checkbox"/> Patient names similar/same	<input type="checkbox"/> Patient transfer
<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Range orders	<input type="checkbox"/> Shift change
<input type="checkbox"/> Staff	<input type="checkbox"/> Use of EMR	<input type="checkbox"/> Weather
<input type="checkbox"/> Workload increase	<input type="checkbox"/> Other	<input type="checkbox"/> No 24-hour pharmacy

Question
Triggered

Medication: Cause of Error Answers Selected Additional Questions Triggered

Answers Selected

Questions Triggered

***Medication: Cause of Error**

<input type="checkbox"/> Code/emergency situation	<input type="checkbox"/> Contraindicated	<input type="checkbox"/> Documentation inaccurate/lacking
<input checked="" type="checkbox"/> Drug Storage and Procurement	<input type="checkbox"/> Equipment	<input type="checkbox"/> Human Factors
<input checked="" type="checkbox"/> Label and/or Packaging	<input type="checkbox"/> Medication reconciliation	<input type="checkbox"/> No 24hr pharmacy
<input type="checkbox"/> No access to patient information	<input type="checkbox"/> Patient transfer	<input type="checkbox"/> Reference material confusing/inaccurate
<input checked="" type="checkbox"/> Staffing	<input type="checkbox"/> Technology	<input type="checkbox"/> Weather
<input checked="" type="checkbox"/> Other		

Please Specify Label and/or Packaging

Look-alike, sound-alike drug triggers Mislabeling Repackaging Unlabeled syringe

Please Specify Staffing

Cross coverage Increased workload
 Insufficient staffing Insufficient training/Knowledge deficit
 Shift change

Please Specify Drug Storage and Procurement

Deteriorated/expired product Drug shortage Non-formulary drug Storage proximity

Please Specify Other

Additional Questions Triggered Based on Answers Selected (Cont'd)

Answers Selected

Questions Triggered

***Medication: Cause of Error**

<input type="checkbox"/> Code/emergency situation	<input checked="" type="checkbox"/> Contraindicated	<input checked="" type="checkbox"/> Documentation inaccurate/lacking
<input type="checkbox"/> Drug Storage and Procurement	<input checked="" type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Human Factors
<input type="checkbox"/> Label and/or Packaging	<input checked="" type="checkbox"/> Medication reconciliation	<input type="checkbox"/> No 24hr pharmacy
<input type="checkbox"/> No access to patient information	<input type="checkbox"/> Patient transfer	<input type="checkbox"/> Reference material confusing/inaccurate
<input type="checkbox"/> Staffing	<input checked="" type="checkbox"/> Technology	<input type="checkbox"/> Weather
<input type="checkbox"/> Other		

Please Specify Contraindicated:

<input type="checkbox"/> Drug allergy	<input type="checkbox"/> Drug/drug
<input type="checkbox"/> Drug/food	<input type="checkbox"/> In disease
<input type="checkbox"/> In pregnancy/breastfeeding	

Please Specify Documentation inaccurate/lacking

<input type="checkbox"/> Abbreviations	<input type="checkbox"/> Blanket orders	<input type="checkbox"/> Decimal point
<input type="checkbox"/> Dosage form confusion	<input type="checkbox"/> Handwriting illegible/unclear	<input type="checkbox"/> Leading zero missing
<input type="checkbox"/> MAR variance	<input type="checkbox"/> Non-metric units used	<input type="checkbox"/> Patient identification failure
<input type="checkbox"/> Preprinted order form	<input type="checkbox"/> Range orders	<input type="checkbox"/> Transcription inaccurate/omitted
<input type="checkbox"/> Verbal order confusing/incomplete	<input type="checkbox"/> Weight missing/inaccurate	<input type="checkbox"/> Written order confusing/incomplete

Please Specify Equipment

<input type="checkbox"/> Confusing/inadequate	<input type="checkbox"/> Dispensing device involved
<input type="checkbox"/> Equipment design	<input type="checkbox"/> Equipment failure/malfunction
<input type="checkbox"/> Measuring device inaccurate/inappropriate	<input type="checkbox"/> Pump, failure/malfunction

Please Specify Human Factors:

<input type="checkbox"/> Calculation error	<input type="checkbox"/> Communication	<input type="checkbox"/> Diluent wrong
<input type="checkbox"/> Distractions	<input type="checkbox"/> Drug prepared incorrectly	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Knowledge deficit/training insufficient	<input type="checkbox"/> Monitoring inadequate/lacking	<input type="checkbox"/> Procedure/protocol not followed
<input type="checkbox"/> Workflow disruption		

Please Specify Medication reconciliation

<input type="checkbox"/> Admission	<input type="checkbox"/> Discharge	<input type="checkbox"/> Transition
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Please Specify Technology

<input type="checkbox"/> Computer prescriber order entry (CPOE)	<input type="checkbox"/> Computer system/network down
<input type="checkbox"/> Drug distribution system	<input type="checkbox"/> Fax/scanner involved
<input type="checkbox"/> Incorrect medication activation	<input type="checkbox"/> Information mgt. system
<input type="checkbox"/> Override	<input type="checkbox"/> System safeguards inadequate
<input type="checkbox"/> Use of EMR	

Final Question and Answer Before Submission

Answer Selected

Question Triggered

Was the family notified?
 Yes No

Date and time of family notification:
02/14/2014  Hour: 11 Min: 39

***Describe the event:**

Witness(es):

Reporter Name:

Reporter Title: