

As per the Administering Medication Policy & Procedure when a medication error is discovered the following steps must be taken:

1. Inform the primary carer or failing this
2. Seek advice from the individual's doctor or pharmacist
3. Contact the Coordinator and complete this form

Date Reported:		Date and Time of Incident:	
Name of person reporting incident:			
Name of Support Worker involved in incident:			
Name of individual supported:			
Location of the incident:			

**Incident type:**

- |   |  |
|---|--|
| <input type="checkbox"/> Not Given                    | <input type="checkbox"/> Wrong Route         |
| <input type="checkbox"/> Wrong Medication             | <input type="checkbox"/> Wrong Person        |
| <input type="checkbox"/> Wrong Time                   | <input type="checkbox"/> Wrong Dose/Strength |
| <input type="checkbox"/> Other (please specify) _____ |  |

**Medication Information:**

Name and Strength of Medication:	
Time Medication was due:	
Dose:	

**Information about the Incident:**

What happened? How did the incident occur?	
Action Taken – any First Aid given?	
Who was contacted?	
Who was involved?	
Side effects to the individual?	

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
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Date received:			
DATE	RESPONSE / ACTION TAKEN		
Coordinator Name:			
Signature:		Date:	