

**TO BE COMPLETED BY PERSON REPORTING THE INCIDENT**  
Please complete this form and forward to YOUR HEAD OF DEPARTMENT  
*immediately* following the incident

**Incident Severity Rating**

<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3
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Dates and Details of Person Reporting Incident

Name:	Reported to:	
Date of report:	Date of Incident:	Time of Incident:
Facility/Hospital/place where incident occurred:		
Feedback to :		
Contact Details:		

**1.1 Parties Involved in Incident**

**Which of these parties were involved in the incident? (Please tick)**

- Staff member   
  Client   
  Patient   
  Third Party  
  
 DVA   
  VHC   
  Home Care   
  Guestwell   
  Training   
  Allocation

Please provide details of the main person involved/injured

Name:	Phone:
Name(s) of other persons involved:	
<i>Comment:</i>	

Were there any witnesses that are able to verify the situation?     Yes *(please provide details below)*     No

Witness Name:	Contact No:
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**1.2 Type of Incident**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Incorrect Client/patient/resident<br><input type="checkbox"/> 2. Incorrect Time<br><input type="checkbox"/> 3. Incorrect Medication<br><input type="checkbox"/> 4. Incorrect dose<br><input type="checkbox"/> 5. Incorrect route<br><input type="checkbox"/> 6. Incorrect Labelling<br><input type="checkbox"/> 7. Self Medication Error<br><input type="checkbox"/> 8. Incorrect Labelling | <input type="checkbox"/> 9. Meds chart not signed<br><input type="checkbox"/> 10 Faulty packaging<br><input type="checkbox"/> 11 Omitted medication<br><input type="checkbox"/> 12 Duplication of Meds<br><input type="checkbox"/> 13 Continuation of ceased order<br><input type="checkbox"/> 14 Expired meds given<br><input type="checkbox"/> 15 Other _____ |
|---|---|

<i>Comments</i>
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### 1.3 Cause of Medication Incident

- 1. Misread Label
- 2. Transportation
- 3. Error in charting
- 4. Verbal miscommunication
- 5. Incorrect prescribing
- 6. Meds not available
- 7. Inadequate instruction
- 8. Resident contributing factors (e.g. confusion)
- 9. Written miscommunication
- 10. Incomplete/incorrect labelling
- 11. Incorrect drug supply received
- 12. Other *please comment*

Comments

### 1.4 Pharmacy Errors

- 1. Transcribing
- 2. Order form not received
- 3. Notification of change not received
- 4. Packaging
- 5. Other

Comments

### 1.5 Initial Action Taken

- 1. None (*Comment why not?*) \_\_\_\_\_
- 2. Contacted Help line
- 3. Rang family or next of kin-left message
- 4. Pharmacy notified
- 5. General observations taken and noted
- 6. GP notified
- 7. NOK notified
- 8. Rank NOK - no answer
- 9. Notified Team Leader
- 10. Documented on Venus/SMS
- 11. Other (*Comment*)

Comments

<b>Employee Name:</b> Date:	<b>Employee Signature:</b>
<b>RN Name:</b> Date:	<b>RN Signature</b>

Please use this space for any additional information that you would like to share: