

Medication Error Form
Allied Health Department | Mineral Area College

Student Name: _____ MAC Student ID: _____ Today's Date: _____

Date and Time of Error: _____

1 POINT	2 POINTS	3 POINTS	4 POINTS
Antacid Antidiarrheal Antidepressant Antihistamine/ Anti-inflammatory Anti-tussives Cathartic/laxative Expectorant Estrogens Histamine Muscle Relaxants Non-Barbiturates Sedatives Hypnotics Oral Contraceptives Progestin Un-medicated I.V.	Antiemetics Antibiotics Anti-infectives Anticonvulsants Antipsychotics Complex I. V. (isolyte) Diuretics Glucose/glucagons 50% Non-narcotic analgesic Oral anti diabetics Steroids	Anticoagulants Antihrombolytics Barbiturates Bronchodilators Electrolytes Narcotic analgesics Narcotic antagonist Cardiovascular Drugs Anti-arrythmics Anti-hypertensives Vasoactive/dilators Heparin Total Parenteral Nutrition Insulin	Blood Blood Components Chemotherapeutics antineoplastics

TYPE OF ERROR	PT	SC	ROUTE GIVEN	PT	SC	CLASS OF DRUG	PT	SC	
Wrong Time	½		I.V.	3		NAME OF DRUG			
Incorrect I.V. Rate	½								
Omission of Med. (each dose)	1		I.M./S.C.	2					
Wrong Date	1								
Wrong Route	1		P.O.	1			POINTS: Use Table		
Wrong Dose	1								
Extra Dose	1		OTHER	1					
Wrong Med/Solution	2								
Unordered Med (wrong patient)	2								
Patient Allergic to Med. (charted)	2								
Unsupervised Administration	2								
SUBTOTAL			SUBTOTAL			SUBTOTAL			

GRAND TOTAL POINTS: _____

Counseling Required: Yes No _____

*Counseling required for severe errors Date of Counseling _____

Severity Scale
• Minimal: 2-4 points per error
• Moderate: 5-6 points per error
• Severe: 7-9 points per error or any error that results in adverse sequelae for patient.

 Student Signature

 Faculty Signature

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CAUSE OF ERROR

- | | |
|-------------------------------------|---|
| _____ Order transcribed incorrectly | _____ Nurse misread MAR |
| _____ Nurse misread order | _____ Nurse failed to record dose on MAR |
| _____ Nurse miscalculated dosage | _____ Poured Wrong Med, Not Given |
| _____ Nurse failed to use MAR | _____ Unable to correctly draw up med |
| _____ Nurse misread drug label | _____ No knowledge of medication/effects |
| _____ Uncommon dosage schedule | _____ Nurse failed to record dose on MAR |
| _____ Other: Specify: | _____ Failed to have Instructor check |
| | _____ Failed to identify client correctly |

1. Patient condition after error occurred: _____

2. How error discovered: _____

3. What does student nurse propose in order to prevent/avoid an error of this type in the future: _____

4. Faculty comments/counseling: _____

- Faculty Report Completed
- Recorded on Evaluation
- # Med Error for Student
- Letter of Concern Issued

Student Name Printed

MAC Student ID

Student Signature

Date

Faculty Signature

Date