
APPENDIX 8 – PHARMACY MEDICATION INCIDENT FOLLOW-UP REPORT FORM

Refers to Medication Error Report Number _____

To be completed within 72 hours of medication error report.

DESCRIPTION OF MEDICATION DISPENSING INCIDENT

(check all that apply)

- ☐ Wrong medication dispensed
- ☐ Wrong dose/strength dispensed
- ☐ Wrong dosage form dispensed
- ☐ Medication dispensed with incorrect instructions for use
- ☐ Unordered medication dispensed
- ☐ Expired (outdated) medication dispensed
- ☐ Medication dispensed in incorrect or inappropriate container
- ☐ Error on prescription label
- ☐ Prescription label incomplete
- ☐ Prescriber not alerted when dispensing medication to which resident is allergic
- ☐ Prescriber not alerted about potential serious drug interaction
- ☐ Resident missed essential doses of medication because medication not provided in a timely manner
- ☐ Medication not dispensed according to facility policy (describe)
- ☐ Other (describe)

OTHER VARIABLES

	Yes	No	Not Applicable
Medication correctly ordered from pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber notified of error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive Director/Administrator notified of error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist in charge notified of error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALC findings _____

Corrective action taken _____

Pharmacy Personnel Who Made Error _____ Signature _____ Date _____

Pharmacy Supervisor _____ Signature _____ Date _____

Executive Director/Administrator _____ Signature _____ Date _____