Pharmaceutical Services Division
Ministry of Health Malaysia
www.pharmacy.gov.my
Tel: 03-78413200 Fax: 03-79682268

BPF/104/ME/01

MEDICATION ERROR (ME) REPORT FORM

Reporters do not necessarily have to provide any individual identifiable health information, including names of practitioners, names of patients, names of healthcare facilities, or dates of birth (age is acceptable)

1 **Date of event:** ☐☐☐☐☐☐ dd/mm/yy

Time of event: ☐☐☐☐ hh/mm (24 hr)

Type of Facility: * Government/ Private

☐ Hospital ☐ Clinic ☐ Pharmacy

☐ Others: _____

Location of event:

☐ Ward ☐ A&E ☐ Clinic ☐ Pharmacy

☐ Others: _____

2 Please describe the error. Include description/ sequence of events and work environment (e.g. change of shift, short staffing, during peak hours). If more space is needed, please attach a separate page.

3 In which process did the error occur?

☐ Prescribing

☐ Dispensing (includes filling)

☐ Administration

☐ Others (Please specify) :

_____

4 Did the error reach the patient? ☐ YES ☐ NO

Was the incorrect medication, dose or dosage form administered to or taken by the patient? ☐ YES ☐ NO

4.1 Describe the direct result on the patient (e.g. death, type of harm, additional patient monitoring).

4.2 Please tick the appropriate ** Error Outcome Category (Select one)

NO ERROR

☐ A Potential error, circumstances/ events have potential to cause incident

ERROR, NO HARM

☐ B Actual Error - did not reach patient

☐ C Actual Error - caused no harm

☐ D Additional monitoring required - caused no harm

ERROR, HARM

☐ E Treatment/ intervention required - caused temporary harm

☐ F Initial/ prolonged hospitalization - caused temporary harm

☐ G Caused permanent harm

☐ H Near death event

ERROR, DEATH

☐ I Death

5 Indicate the possible error cause(s) and contributing factor(s)

☐ Inexperienced Personnel
☐ Peak hour
☐ Stock arrangement/ storage problem
☐ Failure to adhere to work procedure
☐ Illegible prescription
☐ Sound alike medication
☐ Look alike medication/ packaging
☐ Patient information/ record unavailable/ inaccurate
☐ Wrong labelling/ instruction on dispensing envelope or bottle/container
☐ Others (Please specify) : _____

6 Which category made the initial error?

☐ Doctor ☐ Pharmacist
☐ Nurse ☐ Pharmacist Asst.
☐ Asst. Medical Officer ☐ Others : _____

7 Other category also involved in the error?

☐ Doctor ☐ Pharmacist
☐ Nurse ☐ Pharmacist Asst.
☐ Asst. Medical Officer ☐ Others : _____

8 Which category detected the error or recognised the potential error?

☐ Doctor ☐ Pharmacist
☐ Nurse ☐ Pharmacist Asst.
☐ Asst. Medical Officer ☐ Others : _____

9 If available, please provide patient's particulars (Do not provide any patient identifiers).

Age: ☐☐☐ * years/ months **Gender:** ☐ Male ☐ Female **Diagnosis:** _____

10 Please complete the following for the product(s) involved. If more space is needed for additional products, kindly attach a separate page. For similar packaging, please fill 10.4 to 10.7

Product Description		Product # 1 (intended)	Product #1 (error)
10.1	Brand/ Product Name		
10.2	Generic Name (Active Ingredient)		
10.3	Dose, frequency, duration, route		
10.4	Manufacturer		
10.5	Dosage Form		
10.6	Strength/ Concentration		
10.7	Type and Size of Container		

* Please delete where not applicable

11 Reports are most useful when relevant materials such as product label, copy of prescription/ order, etc., can be reviewed. Can these materials be provided?

☐ No

☐ Yes, Please specify:

_____

_____

12 Suggest any recommendations, or describe policies or procedures you instituted or plan to institute to prevent future similar errors. If available, kindly attach investigational report e.g. Root Cause Analysis (RCA).

Reporter's Details

Name and Profession :	
Facility/ Address :	Postcode : ☐☐☐☐☐
E-mail :	
Telephone number :	Fax Number :

For official use :

Date report received : ☐☐☐☐☐☐ dd/mm/yy

Ref. No. ☐☐☐☐☐☐

ME Type ☐

ME Category ☐

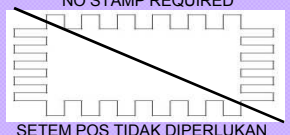
(Fold here)

Medication Safety

Is Everyone's Responsibility

(Fold here)

NO STAMP REQUIRED



SETEM POS TIDAK DIPERLUKAN

REPLY PAID / JAWAPAN BERBAYAR
MALAYSIA
No. Lesen : BRS 0915 SEL

Medication Safety Centre (MedSC),
Pharmaceutical Services Division,
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