

FOSTER CARE SERVICES MANUAL

Medication Incident/Error Report

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MEDICATION INCIDENT/ERROR REPORT

NAME:	MEDICATION:	DATE/TIME INCIDENT DISCOVERED: DATE/TIME INCIDENT OCCURRED:
RECORD NUMBER:	ADVERSE REACTIONS	PERSONS INVOLVED/NOTIFIED
TYPE OF INCIDENT	<input type="checkbox"/> None <input type="checkbox"/> Swelling	<input type="checkbox"/> Foster Care Case Manager <input type="checkbox"/> Foster Care Supervisor
<input type="checkbox"/> Client Refusal <input type="checkbox"/> Documentation Error	<input type="checkbox"/> Discoloration <input type="checkbox"/> Nausea	<input type="checkbox"/> Vice President <input type="checkbox"/> Physician (Name)
<input type="checkbox"/> Prescription Not Filled/Refilled <input type="checkbox"/> Medication dropped and not located.	<input type="checkbox"/> Vomiting <input type="checkbox"/> Rash	<input type="checkbox"/> Poison Control <input type="checkbox"/> Emergency Room
<input type="checkbox"/> Wrong Med. Given* <input type="checkbox"/> Wrong Dosage Given*	<input type="checkbox"/> Headache <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Case manager <input type="checkbox"/> Parent/Guardian
<input type="checkbox"/> Medication Not Given* <input type="checkbox"/> Medication Not Swallowed	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Drug Reaction <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Other (Specify)

*Medication administration error **MEDICATION INCIDENT/ERROR REPORT**

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Youth Name: _____

Record # _____

1. DESCRIPTION OF INCIDENT: (Detailed summary of factual events leading up to and during this incident, outcome, and how this incident was processed): _____

2. ACTION TAKEN (include treatment and/or medication prescribed): _____

3. ACTION NEEDED TO PREVENT RECURRENCE OF ERROR: _____

Name/Title of Person Making Error

Signature/Title of Person Finding Error

REVIEW AND ACTIONS OF CASE MANAGER: _____

Signature of Foster Care Case Manager

Date

REVIEW BY FOSTER CARE SUPERVISOR/VICE PRESIDENT: _____

Signature of Foster Care Supervisor/Vice President

Date