 School Health Services

## **Report of Medication Error/Variance**

Reporting of medication errors is a way to assess opportunities to improve the districts’ understanding of risk, both system risk and behavioral risk. Our intent is to provide a shared accountability for safe and supportive nursing practice within our district.

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Student Information:**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ Gender M 🞏 F 🞏­­­

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_- \_\_\_\_\_\_- \_\_\_\_\_\_\_\_

Prescribing Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_- \_\_\_\_\_\_- \_\_\_\_\_\_\_\_

Medication(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Route\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned Time(s) for Administration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporter Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reporter Phone \_\_\_\_\_- \_\_\_\_\_\_- \_\_\_\_\_\_\_\_

# **Medication Error Information:**

Date of Medication Error \_\_\_\_ / \_\_\_\_ / \_\_\_ Time\_\_\_:\_\_\_\_ \_\_\_ Discovery Date \_\_\_ / \_\_\_ / \_\_\_\_\_ Discovery Time\_\_\_:\_\_\_\_ \_\_\_

Describe error and circumstances:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Person Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Error/Variance Type:** (√ All That Apply)

🞏Wrong Student 🞏Wrong Dose 🞏Wrong Time/ Time Variance (> 1 hour) 🞏Wrong Route 🞏Wrong Drug

🞏Medication Missing/Security Problem 🞏Suspected Adverse side effects 🞏Pharmacy Error/Labeling

🞏Medication charted but not given 🞏Duplication/Extra Dose given 🞏Medication given but not charted

🞏Misread/Misinterpreted Instructions/Order 🞏Incorrect Transcription on MAR 🞏Missed dose/omission

🞏Student failed to show for medication ►Is this chronic problem with student: 🞏Yes 🞏No If yes, describe interventions taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Contributing Factors:** (√ All That Apply)

🞏Lack of Training/Knowledge Deficit 🞏Emergency Situation🞏Equipment 🞏Job/Task 🞏School Environment 🞏Supervision 🞏Communication ❑Systems Design/Procedure Issue 🞏Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Notification/Communication:**

Parent/Guardian Called: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Arrived: Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescribing Provider Called: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Providers Response/Orders, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Notified: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Health Coordinator Notified: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Poison Control Notified: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏Non-Applicable

# **Student Outcome:**

🞏No change was observed in student’s condition 🞏No medical intervention required 🞏Produced a temporary or localized response 🞏Did not cause complications or require medical intervention 🞏Student required medical attention

🞏Other, Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature (Person Completing Report) Date Completed**

**This section to be completed by School Health Coordinator:**

# **District Level Follow-Up Information:**

🞏No Action/Follow-Up Needed 🞏Provided Education 🞏Changed School Policy and/or Procedure(s)

🞏System Process Changed 🞏Referred to SC BON ECET for Guidance\* 🞏Consulted with State Nurse Consultant

Additional Follow-up information, if applicable

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ECET Outcome**:

🞏No Action/Follow-Up Needed 🞏Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**School Health Coordinator Signature Date Completed**

Use this QR code to access the SC BON Employer Complaint Evaluation Tool (ECET) also online at [www.llr.sc.gov/nurse/PDF/2018%20SC%20ECET%20-%20COLOR%20-%20dec.pdf](http://www.llr.sc.gov/nurse/PDF/2018%20SC%20ECET%20-%20COLOR%20-%20dec.pdf)

**SCAN ME**



Send Original Report to School Health Coordinator

CCSD Med Error Report

4/14/20msb Rev: 6/6/20msb