

Medication Administration Error Record

All areas of this form must be completed. The child's parent/guardian must be notified immediately of all medication errors. Parent/guardian is encouraged to notify the child's health care provider (HCP) of any medication administration errors. Contact your nurse consultant and your PSESD Health Coordinator. If more than one child is involved in the error, a *Medication Administration Error Record* must be completed for each child.

This form must be completed in ink, as it is a legal record. Do not use "white out," correction tape, or eraser to correct recording errors. Draw a single line through the error, record the correct information, and initial the corrected entry. The completed form is to be sent to the supervising nurse and a copy maintained in the employee's file.

Date of Report:	Program/Center:	Facility phone #
Child's name:	Child's DOB:	Date and time of error:
Date and time parents/guardian notified:	Date and time HCP notified or parent encouraged to contact:	Date and time Nurse consultant notified: Date and time PSESD Health/Nutrition Coordinator notified:

Describe the incident

Describe the corrective action taken and outcome

Statement of how to prevent future occurrences

Medication Administration Error Record

Name of person completing this form: (please print)

Date form completed:

Signature of person completing this form:

Examples of medication errors:

- Incorrect child
- Incorrect medication
- Incorrect time
- Incorrect dose
- Incorrect route
- Gave an expired medication
- Forgot to give medication
- Consent expired