

## UTAH MEDICATION ERROR REPORT FORM

A medication error is defined as failure to administer the prescribed medication to the right student, at the right time, the right medication, the right dose or the right route. The person who administered the medication should complete this form and turn it in to the school nurse or school administrator. This form is not required if Local Education Agency (LEA) has developed their own Error or Incident form.

Date/Time:	Prepared by:	
School District:	School:	Date:
Student Name:	Student DOB:	Teacher/Grade:
Medication Name:	Dose Ordered:	Time Ordered:
Licensed Prescriber:	Phone:	
Parent/Guardian:	Phone:	

### TYPE OF ERROR (Check all that apply)

<input type="checkbox"/> Wrong student	Student on order:	Student given:
<input type="checkbox"/> Wrong Medication	Medication ordered:	Medication given:
<input type="checkbox"/> Wrong Dosage	Dosage ordered:	Dosage given:
<input type="checkbox"/> Wrong Time	Time ordered:	Time given:
<input type="checkbox"/> Wrong Route	Route ordered:	Route given:
<input type="checkbox"/> Medication not available	<input type="checkbox"/> Student refusal	<input type="checkbox"/> Medication wasted
<input type="checkbox"/> Expired Medication	<input type="checkbox"/> Omitted dose(s):	
<input type="checkbox"/> Possible adverse reaction	Describe:	
<input type="checkbox"/> Other:	Explain:	

Narrative description of error (use back of form if necessary):

### ACTION TAKEN

Student transported by EMS?  No  Yes, Location:

Persons notified:

Licensed Prescriber Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Time Notified:
Parent/Guardian Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Time Notified:
School Administrator Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Time Notified:
School Nurse Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Time Notified:

### FOLLOWUP INFORMATION

Narrative of follow up:

### SIGNATURES

Individual preparing report:	Date:
School Nurse:	Date:
Administrator:	Date:

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