

Adopted: 7-10-06

MEDICATION OCCURRENCE/ERROR REPORT

Student Name: _____ DOB: _____ School: _____ Date: _____

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____ Health Room _____ Classroom _____ Off Site _____ Other: _____

Staff Involved: _____ LSN/RN _____ LPN _____ Teacher _____ Substitute _____ Office Staff _____ Principal

_____ Other: _____

Medical Diagnosis: _____ Medication Name/Dose: _____

Describe Adverse Effect: _____

Student Condition Prior to Occurrence: _____

- | | | | |
|-----------------|-------------------------|------------------------------|-----------------------------|
| 1. Alert/normal | 4. Refused to cooperate | 7. Lethargic | 10. Language Barrier |
| 2. Agitated | 5. Depressed affect | 8. Substance Abuse Suspected | 11. Other (please indicate) |
| 3. Unconscious | 6. Suicidal affect | 9. Intoxicated | _____ |

Medication Variance: Medication/Dose: _____

Variance: _____ Explain: _____

- | | | |
|-------------------------------------|-------------------------------------|------------------|
| 1. Medication Missing | 4. Medication charted but not given | 7. Wrong Route |
| 2. Adverse side effects | 5. Duplication/Extra Dose given | 8. Wrong Dose |
| 3. Medication given but not charted | 6. Time Variance (> 1 hour) | 9. Wrong Student |

Procedural Variance: _____ Explain: _____

- | | | |
|---------------------------------------|-----------------------------|--------------------------------------|
| 1. Performed on Wrong Student | 4. Staff was not available | 7. Authorization not signed |
| 2. Improper Identification of student | 5. Omission of medication | 8. Security problem |
| 3. Student was not on time | 6. Medication not available | 9. Equipment not available/operating |

Other information – or – explanation: _____

Name/Title of Person Responsible for Occurrence: _____

NOTIFICATION:

Parent/Guardian Called: Date _____ Time: _____

Parent/Guardian Arrived: Time _____

Parent/Guardian Response: _____

Doctor Called: Date _____ Time _____ Arrived _____ Notification Only _____

911 Called: Time _____ Response _____

School Administrator Called: Time _____ LSN/RN Called: Time _____

Other: _____

Report Completed By (Name/Title): _____

Review By (Name/Title): _____