

Form JGCD-12

*Empowering Dreams for the Future*

**MEDICATION ERROR REPORT**

A medication error is defined as failure to administer the prescribed medication within the appropriate time frame, in the correct dosage, in accordance with accepted dosage, in accordance with accepted practice or to the correct student.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Report: |  | School: |  | Prepared by: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Student: |  | DOB: |  | Sex: |  | Grade: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address: |  | Phone: |  |

(Street)

|  |
| --- |
|  |

(City/Town) (Zip Code)

|  |  |  |  |
| --- | --- | --- | --- |
| Date error occurred: |  | Time noted: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Person administering medication: |  |  |  |

(Name) (Title)

|  |  |  |  |
| --- | --- | --- | --- |
| Licensed Health Care Provider: |  |  |  |

(Name) (Address)

|  |  |
| --- | --- |
| Reason medication was prescribed: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date ordered: |  | Instruction for administration: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Medication: |  | Dose: |  | Route: |  | Scheduled Time: |  |

|  |
| --- |
| Describe the error and how it occurred (use reverse side if necessary): |

**Action Taken:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Poison Control notified: | Yes  No | Date: |  | Time: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Principal notified: | Yes  No | Date: |  | Time: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/guardian notified: | Yes  No | Date: |  | Time: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Consulting Nurse notified: | Yes  No | Date: |  | Time: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other persons notified: |  | Date: |  | Time: |  |

**Outcome:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vital Signs: Pulse: |  | Resp: |  | Blood Pressure: |  |

PERLA:  Yes  No Nausea & Vomiting?  Yes  No

Mental Status: Alert  Yes  No Oriented x 3  Yes  No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Title: |  | Date: |  |

(Signature)