

Utah medication error report form

A medication error is a failure to administer the right prescribed medication to the right student, at the right time, in the right dose, and by the right route. The person who administered the medication should complete this form and turn it into the school nurse or school administrator. This form is not required if the district or school have developed their own medication error or incident form.

This form is to be kept at the district or school level only. It should not be submitted to the state.

Date/time:		Prepared by:	
School district:		School:	Date:
Student name:		Date of birth:	Grade:
Medication name:		Dose ordered:	Time ordered:
Licensed prescriber:		Phone:	
Parent/guardian name:		Phone:	
Type of error (check all that apply)			
<input type="checkbox"/> Wrong student	Student name on order:	Student medication was given to:	
<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 refused to take medication	<input type="checkbox"/> Medication wasted	
<input type="checkbox"/> Expired medication		<input type="checkbox"/> Missed dose(s):	
<input type="checkbox"/> Student had a possible adverse reaction after receiving the medication		Describe:	
Other:		Explain:	
Please describe what happened (use back of form if necessary):			
Action taken			
911 called? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the student transported to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If transported, to what 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:
Follow-up information			
Narrative of follow up:			
Signatures			
Individual preparing report:			Date:
School nurse:			Date:
Administrator:			Date: