



## Connecticut DDS-MER-255m

### State of Connecticut DDS-Medication Error Report-255m

#### Profile Information:

Med Error(s) Corrected Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

#### Reason/Explanation for Error

#### If Dose Rescheduled

Original Date: \_\_\_\_\_ Original Time: \_\_\_\_\_ am/pm

Rescheduled Date: \_\_\_\_\_ Rescheduled Time: \_\_\_\_\_ am/pm

Medical Treatment Required (due to Med Error)?:     Yes     No

**SIGNATURE**.....**NAME**.....**DATE**.....**TIME**.....am/pm

**Note:- Required fields are marked with an asterisk (\*)**