

## Medication Error Form - GER

### Medication Error Information

Medication Error Type \*

- Charting Error  
  Omission  
  Order Expired  
  Transcription Wrong Dose  
  Transcription Wrong Individual  
 Transcription Wrong Medication  
  Transcription Omission  
  Transcription Wrong Route  
  Transcription Wrong Time  
 Wrong Dose  
  Wrong Individual  
  Wrong Medication  
  Wrong Route  
 Wrong Time  
  Other \_\_\_\_\_

Error Discovered Date:\* \_\_\_\_\_ Error Discovered Time:\* \_\_\_\_\_ am / pm  
 Person(s) Responsible: \_\_\_\_\_ Severity \_\_\_\_\_ (10 is the highest level)

### Errors

Medication	Name	Strength	Strength Unit	Give Amount/Qty	Measurement Unit	Freq	Route	Time
As Ordered	_____	_____	_____	_____	_____	_____	_____	_____
As Given	_____	_____	_____	_____	_____	_____	_____	_____

First Date: \_\_\_\_\_ Last Date: \_\_\_\_\_ Total Errors: \_\_\_\_\_

### Reason for Errors

Cause Of Error \*

- Forgot to Send to Program  
  Forgot to Take on Activity  
  Medication Refused  
  Medication not Available  
 Omission Unavoidable  
 Pharmacy Error  
 Staff Action/Inaction  
 Other \_\_\_\_\_

Reason/Explanation for error:

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### Medical Attention Required

- Consult with Nurse  
  Consult with Physician  
  Consult with Emergency Room  
  Consult with Poison Control Center  
 Immediate Physician's Visit  
 Immediate Emergency Room Visit  
 Observe and Report Only  
 None

Prescriber Notified ?  Yes  No Name: \_\_\_\_\_

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

Witness 1: \_\_\_\_\_

Witness 2: \_\_\_\_\_

**SIGNATURE**.....**NAME**.....**DATE**.....**TIME**.....am/pm  
**Note:- Required fields are marked with an asterisk (\*)**