

Medication Error Incident Report

General Information

Date of Incident

Time of Incident

Location/Unit

Reported By (Name & Position)

Patient Information

Patient Name / ID

Date of Birth

Other Relevant Information

Details of the Medication Error

Type of Error

Medication(s) Involved

Description of Incident

How was the error detected?

Outcome and Actions

Was the patient affected? (Explain)

Immediate Action(s) Taken

Who was notified?

Prevention / Recommendations

Suggestions for Preventing Similar Errors

Reporter Signature

Date