Dispensing Error Incident Form

PATIENT NAME ....

DRUG NAME/STRENGTH ....

PRESCRIPTION NUMBER ....

ADDRESS ....

TELEPHONE ....

PATIENT AGE ....

DATE INCIDENT DISCOVERED ....

DATE OF DISPENSING ....

INCIDENT DISCOVERED BY ....

DISPENSING PHARMACIST ....

❑ New Rx ❑ Repeat Rx

NATURE OF INCIDENT:

- ❑ Incorrect Drug
- ❑ Incorrect Directions
- ❑ Incorrect Dosage Form
- ❑ Incorrect Patient
- ❑ Incorrect Strength
- ❑ Incorrect Brand
- ❑ Incorrect Quantity
- ❑ Outdated Medication
- ❑ Verbal Disagreement ....
- ❑ Other (please specify): ....

DETAILS OF INCIDENT: ....

WAS DRUG INGESTED? ❑ YES ❑ NO If yes, was medical attention required? ....

PATIENT CONTACTED BY .... DATE/TIME ....

PRESCRIBER CONTACTED BY .... DATE/TIME ....

PRESCRIBER'S NAME .... TELEPHONE ....

PRESCRIBER'S COMMENTS ....

REASON FOR INCIDENT ....

CORRECTIVE ACTION(S) TAKEN ....

PHARMACY CONNECTION March/April 1995