MEDICATION ERROR (ME) REPORT FORM

**Reporters do not necessarily have to provide any individual identifiable health information, including names of practitioners, names of patients, names of healthcare facilities, or dates of birth (age is acceptable)**

**Pharmaceutical Services Division**
**Ministry of Health Malaysia**
**www.pharmacy.gov.my**
**Tel: 03-78413200  Fax: 03-79682268**

1. **Date of event:** [ ] [ ] [ ] dd/mm/yy
   **Time of event:** [ ] [ ] hh/mm (24 hr)

2. Please describe the error. Include description/sequence of events and work environment (e.g. change of shift, short staffing, during peak hours). If more space is needed, please attach a separate page.

3. In which process did the error occur?
   - [ ] Prescribing
   - [ ] Dispensing (includes filling)
   - [ ] Administration
   - [ ] Others (Please specify):

4. Did the error reach the patient?  
   - [ ] YES  
   - [ ] NO

   Was the incorrect medication, dose or dosage form administered to or taken by the patient?  
   - [ ] YES  
   - [ ] NO

4.1 Describe the direct result on the patient (e.g. death, type of harm, additional patient monitoring).

4.2 Please tick the appropriate **Error Outcome Category (Select one)**
   - **NO ERROR**
     - [ ] Potential error, circumstances/events have potential to cause incident
   - **ERROR, NO HARM**
     - [ ] Actual Error - did not reach patient
     - [ ] Actual Error - caused no harm
     - [ ] Additional monitoring required - caused no harm
   - **ERROR, HARM**
     - [ ] Treatment/intervention required - caused temporary harm
     - [ ] Initial/prolonged hospitalization - caused temporary harm
     - [ ] Caused permanent harm
     - [ ] Near death event
   - **ERROR, DEATH**
     - [ ] Death

5. Indicate the possible error cause(s) and contributing factor(s)
   - [ ] Inexperienced Personnel
   - [ ] Failure to adhere to work procedure
   - [ ] Look alike medication/packaging
   - [ ] Illegible prescription
   - [ ] Patient information/record unavailable/ineffective
   - [ ] Stock arrangement/storage problem
   - [ ] Sound alike medication
   - [ ] Wrong labelling/instruction on dispensing envelope or bottle/container
   - [ ] Other (Please specify):

6. Which category made the initial error?
   - [ ] Doctor
   - [ ] Nurse
   - [ ] Pharmacist
   - [ ] Pharmacist Asst.
   - [ ] Asst. Medical Officer
   - [ ] Others:

7. Other category also involved in the error?
   - [ ] Doctor
   - [ ] Nurse
   - [ ] Pharmacist
   - [ ] Pharmacist Asst.
   - [ ] Asst. Medical Officer
   - [ ] Others:

8. Which category detected the error or recognised the potential error?
   - [ ] Doctor
   - [ ] Nurse
   - [ ] Pharmacist
   - [ ] Pharmacist Asst.
   - [ ] Asst. Medical Officer
   - [ ] Others:

9. If available, please provide patient's particulars (Do not provide any patient identifiers).
   - Age: [ ] [ ] [ ] years/months
   - Gender: [ ] Male  [ ] Female
   - Diagnosis:

10. Please complete the following for the product(s) involved. If more space is needed for additional products, kindly attach a separate page.
    For similar packaging, please fill 10.4 to 10.7

<table>
<thead>
<tr>
<th><strong>Product Description</strong></th>
<th><strong>Product #1 (intended)</strong></th>
<th><strong>Product #1 (error)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Brand/Product Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.2 Generic Name (Active Ingredient)</td>
<td></td>
<td></td>
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<tr>
<td>10.3 Dose, frequency, duration, route</td>
<td></td>
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<tr>
<td>10.4 Manufacturer</td>
<td></td>
<td></td>
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<tr>
<td>10.5 Dosage Form</td>
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<tr>
<td>10.6 Strength/Concentration</td>
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<td></td>
</tr>
<tr>
<td>10.7 Type and Size of Container</td>
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<td></td>
</tr>
</tbody>
</table>

* Please delete where not applicable
11 Reports are most useful when relevant materials such as product label, copy of prescription/order, etc., can be reviewed. Can these materials be provided?

☐ No
☐ Yes, Please specify:

12 Suggest any recommendations, or describe policies or procedures you instituted or plan to institute to prevent future similar errors. If available, kindly attach investigational report e.g. Root Cause Analysis (RCA).

Medication Safety

Is Everyone’s Responsibility

REPLY PAID / JAWAPAN BERBAYAR
MALAYSIA
No. Lesen : BRS 0915 SEL

Medication Safety Centre (MedSC),
Pharmaceutical Services Division,
Ministry Of Health Malaysia,
P.O. Box 924, Jalan Sultan,
46790 Petaling Jaya, Selangor.