

Near Miss Report Form (for recording online at later time)

Date of Near-Miss (Mandatory): _____

Medications (Mandatory): _____

Medication Stage Involved (Mandatory):

- | | |
|--|---|
| <input type="checkbox"/> Prescribing | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Rx Order Entry | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Rx Preparation/Dispensing | |

Type of Incident (Mandatory):

- | | |
|--|--|
| <input type="checkbox"/> Incorrect patient | <input type="checkbox"/> Incorrect route of administration |
| <input type="checkbox"/> Incorrect prescriber | <input type="checkbox"/> Incorrect duration of treatment |
| <input type="checkbox"/> Incorrect drug | <input type="checkbox"/> Incorrect quantity |
| <input type="checkbox"/> Incorrect dose/frequency | <input type="checkbox"/> Incorrect storage |
| <input type="checkbox"/> Incorrect strength/concentration | <input type="checkbox"/> Omitted medication/dose |
| <input type="checkbox"/> Incorrect dosage form/formulation | <input type="checkbox"/> Expired medication |

Drug therapy problem:

- | | |
|--|---|
| <input type="checkbox"/> Contraindication | <input type="checkbox"/> Drug-drug interaction |
| <input type="checkbox"/> Adverse drug reaction | <input type="checkbox"/> Drug-disease interaction |
| <input type="checkbox"/> Documented allergy | |

Contributing Factors:

Patient Information missing – describe:

Drug Information missing – describe:

Miscommunication of drug order – describe:

Drug storage problem – describe:

Environmental – describe:

Staff education problem – describe:

Lack of quality control or independent check– describe:

Incident Description: