



SC Department of Disabilities and Special Needs Medication Error/Event Report

Community Regional Center

Provider Reporting Incident: _____ County: _____

District I: Midlands Piedmont District II: Coastal Pee Dee

Residence of Consumer:

- CRCF CTH-I CTH-II ICF
 SLP-I SLP-II
 Unit @ Regional Center

Descriptive Location of Residence:

(Example: Smith CTH-I, Pee Dee Center)

Location of Incident:

- CRCF Day Program
 CTH ICF
 SLP Unit @ Regional Center

Descriptive Location of Incident:

(Indicate unit name in Regional Center, provider operated facility name, i.e., Sunrise CTH-II, enclave, work activity center)

Consumer:

First _____ Middle _____ Last _____

DOB:

/ /
MM/DD/YY

Age:

Sex:

- Male
 Female

Date of Med Error:

/ /

Time of Med Error:

: AM PM

Date Error Found:

/ /

Name & Dose of Medications Involved:

What type of Med Error/Event occurred: (Mark all that Apply)

- Wrong person given the medication Transcription error "Near Miss" for a Med error
 Wrong medication given Medication not signed off on properly Person refused medication
 Wrong dosage given Medication found (Record attempts/ methods)
 Wrong route of administration Prescribed observation/pre-treatment
 Wrong time not followed as indicated on Plan Unsafe circumstances
 Medication not given by staff
 Medication given without an order

What was the result of the Med Error/Event:

(At the time the Report was completed)

- No Error (Near Miss or Red Flag Event)
 Error, No Reaction
 Error, Reaction, No medical Rx required
 Error, Reaction, Medical Rx required *
 Error, Reaction, Death *

Prescriber Notified: Yes No

When: _____

By Whom: _____

If no, explain: _____

Staff Suspected of Making the Error:

Events Leading to Med Error/Event:

Name of Prescriber: _____

Name of Pharmacy: _____

Signature of Person Making Out Report/Date _____

Signature of Supervising Nurse : _____

Date: _____

Signature of Program Administrator : _____

Date: _____

*Requires the completion of Critical Incident Report per DDSN Directive 100-09-DD.