



PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS
Office of Health Services

MEDICATION ERROR INCIDENT REPORT

INSTRUCTIONS: Please complete one medication error incident reports for each medication error/near miss. Also remember to PRINT legibly and attach copy of supportive documents listed below:

- Prescriber Medication Order Form
Student's Medication Administration Record (MAR)
Medication inventory for controlled drugs (if applicable)
Narrative notes

Form completed by _____ RN/ LPN/ CMT (circle)

Student _____ (DOB _____) School _____

Date of Error/Near Miss ____/____/____ Time of Error/Near Miss _____AM/PM Date of report ____/____/____

Name of Individual reporting the Error/Near Miss: _____
Agency RN School RN LPN CMT Unlicensed Personnel

Name of Individual who made the Error/Near Miss: _____
Agency RN School RN LPN CMT Unlicensed Personnel

Part I: Notification of Error/Near Miss

Delegating Nurse and/or Nurse Manager notified? Yes No Date ____/____/____ Time _____AM/PM

If yes; Name _____

If No; Explain _____

Physician notified by (Nurse Only)? Yes No Date ____/____/____ Time _____AM/PM

If Yes; Name _____

If No; Explain _____

Parent/Guardian/Family member notified by nurse? Yes No Date ____/____/____ Time _____AM/PM

If Yes; Name _____ Relationship _____

If No; Explain _____ Relationship _____
(if you left message with someone other than a parent/guardian/family member, please indicate relationship to student)

Part II: Description and Outcome of Error/Near Miss

Description of Medication Error/Near Miss

Name of Medication _____ Dose _____ Route _____ Time Ordered _____AM/PM

Outcome to student of Medication Error/Near Miss