Portsmouth Hospitals **NHS**

NHS Trust

Division of Medicine for Older People

MEDICINES ERROR REFLECTION FORM

This form must be completed by all staff who are involved in an error in partnership with their line manager or their deputy. It must be signed by both people. It should then be attached to the Adverse Event Report.

Adverse Event Form no...........................

Clinical Ward/Area.............................

Date of incident................................

Name (in capitals) of the person completing this reflection..

Name (in capitals) of the person assisting in this reflection..............................

PLEASE TICK THE BOX/BOXES THAT YOU FEEL WERE A CONTRIBUTARY FACTOR TO THE DRUG ERROR

Definition of a drug error: A drug error is wrongful administration or omission of prescribed medication, which does or may compromise patient well-being.

- ☐ Failing to sign a drug chart once the medication has been given
- ☐ Giving the prescribed medication at the wrong time, unless there is a valid reason for doing so (reason should be documented on the drug chart and in patient notes)
- ☐ Giving medication to the wrong person
- ☐ Giving a wrong dose
- ☐ Poorly written drug charts
- ☐ Incorrect packaging and labelling of medication
- ☐ Failing to recognise a potential interaction i.e. Warfarin and Aspirin etc
- ☐ Failure to document reason for omission of medication
- ☐ Appropriate start date not clearly stated
- ☐ Not signed by a doctor
- ☐ Drug duplicated in the PRN e.g. Paracetamol/Codydramol etc
- ☐ Transcribing
- ☐ Other (please state)...

This form can also be used in the event of a near miss as a means to highlight common risks potential.

AEF number...

What action did you take immediately following the incident?
What were the possible causes of this error? (Consider both your own actions and environment factors)
What were the potential consequences of this error? (For both you and the patient)
What might have prevented this error?
Please outline any supportive learning requirements or actions that you and/or your line manager have identified as a result of this error?

Has the patient or the patient's relative been informed of the drug error? Yes/No

If not. Please give reason?

If yes, what was the response?

Signed (person involved in error)..

Signed (person assisting with the reflection)...

Date..

Updated Jan07/Kbezzant/Rcooper/Lwedlake/2 pages