

PRESCRIBED MEDICATION/CONTROLLED DRUGS PATIENT SAFETY REPORTING FORM

Please complete all sections of this form legibly and return within 24 hours of incident being identified to:-

NHS England (South Yorkshire and Bassetlaw) Area Team via

Email: england.syb-qps@nhs.net or Fax No: 01709 302795



PLEASE USE BLACK INK & CAPITAL LETTERS

Location of Event including address:	Date of Event:																																				
	Time of Event:																																				
Incident Identified By:	Job Role & Contact Details:																																				
Incident Reported By:	Job Role & Contact Details:																																				
Patient's GP: (Practice and Address)	Has GP been contacted? Contact Details:		Tick <input type="checkbox"/> If yes																																		
Responsible Pharmacist on Duty at Time Event Occurred:	Contact Details:																																				
Give brief description of Event including: <ul style="list-style-type: none"> ➤ the people involved, patient/staff (please do not give specific names) ➤ Any Medical device/equipment involved ➤ Any medicines involved ➤ Any other information 	Brief Description: (Please continue on separate sheet if necessary).																																				
Type of Error :	Nature of Error:	Patient/Potential Harm:	Any Additional Notes: (Please continue on separate sheet overleaf if necessary). Has this prevented/led to any Financial Loss?																																		
<table border="1"> <tr><td>Dispensing Error</td><td><input type="checkbox"/></td></tr> <tr><td>Stock Discrepancy</td><td><input type="checkbox"/></td></tr> <tr><td>Prescribing Error</td><td><input type="checkbox"/></td></tr> <tr><td>Other (Give details in Any additional information overleaf)</td><td><input type="checkbox"/></td></tr> </table>	Dispensing Error	<input type="checkbox"/>	Stock Discrepancy	<input type="checkbox"/>	Prescribing Error	<input type="checkbox"/>	Other (Give details in Any additional information overleaf)	<input type="checkbox"/>	<table border="1"> <tr><td>Labelling</td><td><input type="checkbox"/></td></tr> <tr><td>Quantity</td><td><input type="checkbox"/></td></tr> <tr><td>Drug</td><td><input type="checkbox"/></td></tr> <tr><td>Strength</td><td><input type="checkbox"/></td></tr> <tr><td>Form</td><td><input type="checkbox"/></td></tr> <tr><td>Loss/Spillage</td><td><input type="checkbox"/></td></tr> <tr><td>Out of Date</td><td><input type="checkbox"/></td></tr> </table>	Labelling	<input type="checkbox"/>	Quantity	<input type="checkbox"/>	Drug	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Form	<input type="checkbox"/>	Loss/Spillage	<input type="checkbox"/>	Out of Date	<input type="checkbox"/>	<table border="1"> <tr><td>Near Miss</td><td><input type="checkbox"/></td></tr> <tr><td>No harm</td><td><input type="checkbox"/></td></tr> <tr><td>Low</td><td><input type="checkbox"/></td></tr> <tr><td>Moderate</td><td><input type="checkbox"/></td></tr> <tr><td>Severe</td><td><input type="checkbox"/></td></tr> <tr><td>Death</td><td><input type="checkbox"/></td></tr> </table>	Near Miss	<input type="checkbox"/>	No harm	<input type="checkbox"/>	Low	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>	Death	<input type="checkbox"/>	
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Immediate Actions Taken & By Whom:																																					
Learning Points Identified and any Recommendations Made:																																					
Proposed Actions to be Taken - Is there an Action Plan in Place? - Have any Standard Operating procedures been reviewed or removed? (If you have an Action Plan in place please attach a copy to this Form)																																					
Patient Details: (Do Not Name Patient – Confidential)		Learning Disability : Physical <input type="checkbox"/> Sensory <input type="checkbox"/>																																			
Gender: Choose an item	Date of Birth:	Ethnicity:																																			
Controlled Drug:	Choose an item	Signature:	Date Form Completed:																																		

No Harm:

For Office Use Only – Reference Number _____ Date Received _____

Impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care.

Impact not prevented – any patient safety incident that ran to completion but no harm occurred to people receiving NHS-funded care.

Low:

Any patient safety incident that ran to completion but no harm occurred to people receiving NHS-funded care.

Moderate:

Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.

Severe:

Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care.

Death:

Any patient safety incident that directly resulted in the death of one or more persons receiving NHS-funded care.

Any Additional Information: