**Community Pharmacy Medication Safety Incident (Pharmacy Error) Report Form**

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| This form is for use within the pharmacy to record details of medication safety incidents that relate to errors in the pharmacy (i.e. not external errors such as prescribing errors). You may not have the necessary information to complete all parts of the form. The completed form should not be sent to NHS England or the National Reporting and Learning System (NRLS).  Where known, information marked with \* can be submitted to the NRLS via your normal reporting route, e.g. via your pharmacy superintendent or the NRLS eForm at <https://www.eforms.nrls.nhs.uk/staffreport/> |

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| **NRLS Patient Safety Incident category = Medication** | | | |
| Pharmacy details | | | |
| Pharmacy/Branch name\* |  | Branch number (if applicable) |  |
| Reference number from NRLS report (obtained when completing the NRLS report) | | |  |
| Incident details | | | |

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| Date of incident\* |  | | | | Time of incident\* | | | |  | | | |
| Describe what happened\* | Give as many details as necessary to enable others to understand the circumstances and be able to learn from the event. State facts only and not opinions. | | | | | | | | | | | |
| Degree of harm to the patient (severity)\* |  | Near miss |  | No harm |  | Low |  | Moderate |  | Severe |  | Death |
| Did any actions minimise the impact of the incident on the patient?\* (Please describe) |  | | | | | | | | | | | |
| If the patient took/used the medicine/medical device, what symptoms did they experience?\* |  | | | | | | | | | | | |

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| Details of main patient affected by incident | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | |
| Telephone number |  | | | | | Date of birth\* | | | | | |  | | | |
| Sex\* |  | | Male |  | | Female | | |  | Indeterminate | | |  | Unknown | |
| Ethnic category\* |  | | White |  | | Mixed | | |  | Asian or Asian British | | | | |
|  | | Black or Black British |  | | Other | | |  | Not stated/unknown | | | | |
| Does the patient have any known/diagnosed impairments or disabilities?\* |  | | Learning disabilities |  | | Physical disabilities | | |  | None known | | | | |
|  | | Sensory impairments |  | | Other | | | | | | | | |
| Contributing factors | | | | | | | | | | | | | | |
| What were the apparent contributing factors?\* | **Communication factors** (includes verbal, written and non-verbal between individuals, teams,  and/or organisations)  **Education and training factors** (e.g. availability of training)  **Equipment and resources factors** (e.g. clear machine displays, poor working order, size,  placement, ease of use)  **Medication factors** (where one or more drugs directly contributed to the incident)  **Organisation and strategic factors** (e.g. organisational structure, contractor / agency use,  culture)  **Patient factors** (e.g. clinical condition, social / physical / psychological factors, relationships)  **Task factors** (includes work guidelines / procedures / policies, availability of decision making  aids)  **Team and social factors** (includes role definitions, leadership, support, and cultural factors)  **Work and environment factors** (e.g. poor/excess administration, physical environment, work  load and hours of work, time pressures)  **Other**  **Unknown** | | | | | | | | | | | | | |
| Describe any actions planned or taken to prevent a reoccurrence\* |  | | | | | | | | | | | | | |
| In your view, what were the underlying causes or events which, if rectified, may prevent the incident from harming another patient?\* |  | | | | | | | | | | | | | |
| Incident details | | | | | | | | | | | | | | | |
| At what stage during the medication process did an actual or potential error occur?\* | Prescribing  Preparation of medicines in all locations / dispensing in a pharmacy  Administration/supply of a medicine from a clinical area  Monitoring/follow-up of medicine use  Advice  Supply or use of over-the-counter (OTC) medicine  Other (please specify) | | | | | | | | | | | | | | |
| Description of the medication incident\*  Only choose one description. | Adverse drug reaction (when used as intended)  Contra-indication to the use of the medicine in relation to drugs or conditions  Mismatching between patient and medicine  Omitted medicine / ingredient  Patient allergic to treatment  Wrong / omitted / passed expiry date  Wrong / omitted patient information leaflet  Wrong / omitted verbal patient directions  Wrong / transposed / omitted medicine label  Wrong / unclear dose or strength  Wrong drug / medicine  Wrong formulation  Wrong frequency  Wrong method of preparation / supply  Wrong quantity  Wrong route  Wrong storage  Other  Unknown | | | | | | | | | | | | | | |
| Were there other important factors?\*  Multiples choices allowed. | Poor transfer /transcription of information between paper and/or electronic forms  Poor communication between care providers (verbal or written)  Use of abbreviations(s) of drug name / strength / dose / directions (e.g. MTX, 1 mg, 1 po)  Handwritten prescription / chart difficult to read  Omitted signature of healthcare practitioner  Patient / carer failure to follow instructions  Failure of compliance aid / monitored dosage system (MDS)  Failure of adequate medicines security (e.g. missing CD)  Substance misuse (including alcohol)  Medicines with similar looking or sounding name  Poor labelling and packaging from a commercial manufacturer  Healthcare practitioner undertaking supplementary prescribing  Variance to guidelines for sound clinical reasons  Involving a medicine supplied under a Patient Group Direction (PGD)  Involving an OTC medicine  Failure in monitoring / assessing medicines therapy  Failure of clinical assessment equipment  Other  Unknown | | | | | | | | | | | | | | |
| Details of the correct medicine / medical device associated with this incident (if applicable) | | | | | | | | | | | | | | | |
| Name of medicine / medical device (include brand name if applicable)\* | | | | | | |  | | | | | | | |
| Form\* |  | | | | | | Dose and strength\* | | | |  | | | |
| Route\* |  | | | | | | Manufacturer\* | | | |  | | | |
| Batch number\* |  | | | | | | Manufactured special?\* | | | | Yes  No | | | |
| Is this medicine a parallel import (PI)?\* | | | | | | | Yes  No | | | | | | | |
| Details of the incorrect medicine / medical device associated with this incident (if applicable) | | | | | | | | | | | | | | | |
| Name of medicine / medical device (include brand name if applicable)\* | | | | | | |  | | | | | | | | |
| Form\* |  | | | | | | Dose and strength\* | | | |  | | | | |
| Route\* |  | | | | | | Manufacturer\* | | | |  | | | | |
| Batch number\* |  | | | | | | Manufactured special?\* | | | | Yes  No | | | |
| Is this medicine a parallel import (PI)?\* | | | | | | | Yes  No | | | | | | | |
| Staff involved in the incident | | | | | | | | | | | | | | | |
| Name of dispenser | |  | | | | | Job title |  | | | | | | | |
| Staff status (e.g. locum, permanent)\* | | | | | | |  | | | | | | | | |
| Name of accuracy-checker | |  | | | | | Job title |  | | | | | | | |
| Staff status (e.g. locum, permanent)\* | | | | | | |  | | | | | | | | |
| Responsible Pharmaciston duty | |  | | | | | | | | | | | | | |
| Name of person responsible for completing this report\* | |  | | | | | Job title |  | | | | | | | |
| Staff status (e.g. locum, permanent)\* | | | | | | |  | | | | | | | | |
| Date report completed | |  | | | | | | | | | | | | | |
| Action required | | | | | | | | | | | | | | | |
| Action requested by patient? | | | | | No action  Telephone call  Letter | | | | | | | | | | |
| Responsible Pharmacist notified? | | | | | Yes  No | | | | | | | | | | |
| Submit report to NRLS? | | | | | Yes  No | | | | | | | | | | |