Community Pharmacy Medication Safety Incident (External Incident) Report Form

This form is for use within the pharmacy to record details of medication safety incidents that relate to errors or other incidents that occurred externally to the pharmacy, but which were detected in the pharmacy (e.g. prescribing errors).

You may not have the necessary information to complete all parts of the form. The completed form is for internal use, but relevant parts of the report can be shared with the NHS via your normal reporting route, e.g. via your pharmacy superintendent or the Learn from patient safety events (LFPSE) service.

Pharmacy details			
Pharmacy/Branch name		Branch number (if applicable)	
Reference number from LFPSE report (obtained when completing the LFPSE report)			

Incident details			
Date of incident		Time of incident	
Where did the incident occur?	☐ GP practice ☐ Hospital ☐ Other		
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?			

Details of main patient affected by incident			
Name			
Address			
Telephone number		Date of birth	
Sex	☐ Male ☐ Female ☐ Indeterminate ☐ Unknown		
Ethnicity	☐ 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**
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? Multiple choices allowed.	☐ Failure to refer for hospital follow-up ☐ 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 ☐ Issues associated with an infusion pump / syringe driver ☐ Failure to order laboratory test ☐ 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 prescriber		Organisation	
Name of person responsible for completing this report		Job title	
Staff status (e.g. locum, permanent)			
Date report completed			

Action required		
Patient referred to other healthcare professional?	☐ Yes	☐ No
Responsible healthcare professional notified?	☐ Yes	☐ No
Submit report to LFPSE?	☐ Yes	☐ No