MEDICATION INCIDENT NOTIFICATION

COMMUNITY PHARMACY

To be completed as soon as possible for ANY incident involving drug therapy occurring in your pharmacy and sent to Community Pharmacy Development Team, Pharmacy Services, Clarkston Court, 56 Busby Road, Glasgow G76 7AT cpdt@ggc.scot.nhs.uk (marked "CONFIDENTIAL").

Date and Time of Incident: _____

Patient's CHI No/DOB /PMR number: _____

Description of what occurred

IMPORTANT – PLEASE READ

FULL DETAILS including what was prescribed, what was dispensed and if any of the medicine was taken incorrectly e.g. all drug names and forms, doses, routes, concentrations, diluents, administration rates and times where appropriate.

Please continue on another sheet of paper if necessary.

FOR RISK MANAGEMENT PURPOSES IT IS ESSENTIAL THAT THE FOLLOWING INFORMATION IS GIVEN

Why do you think this incident occurred?

What underlying factors contributed to the incident?

Describe the outcome for the patient.

Please give details of any treatment that the patient needed after the incident and action taken to resolve the issue.

Give details of planned action / change to procedure or practice which will reduce the risk of this type of incident occurring again (short and long term).

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Please indicate (✓) the nature and status of the incident(s)

	Prescribing		Dispensing		Administration		Other

	Near Miss Y / N		MCA used		CD		Datix

	Patient not given drug(s) No. of doses missed ……..		Expired drugs
			Supplied against recorded allergy/ADR
	Wrong drug(s)		Drug not cancelled
	Wrong quantity		Delivered to wrong address
	Wrong strength		Extra item in dispensing bag
	Wrong dose		Dispensing bag label incorrect
	Wrong patient	Other (please specify):	
	Wrong frequency of supply		
	Wrong formulation		
	Wrong label		

Risk Classification

	Very low		**Low Risk**		**Moderate Risk**		**High Risk**		**Very High Risk**

Name & designation of person completing form: ……..……
Date: ……

Contractor Code of pharmacy where incident occurred: ..……..

For office use only.

Checked by CPDT:	Date		Signed	