

# Access of the Red River Valley

## MEDICATION OR TREATMENT ERROR OR REFUSAL REPORT

Client Name:

Error/Refusal Date:

Discovery Date, if different:

### Instructions

- This report will be completed if a dose of medication is not administered or treatment is not performed as prescribed, whether by staff or client error or by refusal of the client.
- Upon discovery of the error/refusal, staff will immediately notify:
  - The assigned medical professional or prescribing pharmacist
  - The client's Case Manager, Supervisor or designee as assigned

The following medication or treatment was involved in this error or refusal:

### Staff will check the applicable boxes to indicate the nature of the medication-related event

<input type="checkbox"/> Medication given at wrong time	<input type="checkbox"/> Medication was given on wrong date	<input type="checkbox"/> Medication refused
<input type="checkbox"/> Medication given to wrong person	<input type="checkbox"/> Medication given by wrong route	<input type="checkbox"/> MAR not initialed
<input type="checkbox"/> Incorrect medication dose given	<input type="checkbox"/> Medication was not given	<input type="checkbox"/> Other:

### Staff will check the applicable boxes to indicate the nature of the treatment-related event

<input type="checkbox"/> Treatment not performed correctly as prescribed	<input type="checkbox"/> Treatment refused
<input type="checkbox"/> Treatment was not completed	<input type="checkbox"/> NA-not a treatment-related event
<input type="checkbox"/> Treatment was completed on wrong date	<input type="checkbox"/> Other:

Was the error that occurred as a result of staff error or the person served?

Staff:

Person served:

### Additional Information (if any):

### Follow up orders from Medical Professional or Pharmacist:

### The following notifications were made regarding the error or refusal:

Medical Professional or Pharmacist:

Date:

Case Manager, Supervisor, or Other Designee:

Date:

Prescriber:

Date:

Legal representative:

Date:

\_\_\_\_\_  
Staff completing the report

\_\_\_\_\_  
Date