

Unified ME Report Form

Step 1/8 What type of error occurred?

In which stage the error primarily occurred? *

- Prescribing Transcribing Dispensing
 Administration Monitoring

What type of error occurred? *

- | | |
|---|--|
| <input type="radio"/> Incorrect drug name
<input type="radio"/> Incorrect dose/Conc.
<input type="radio"/> Incorrect duration of therapy
<input type="radio"/> Incorrect form/ route of administration
<input type="radio"/> Contraindication (Absolute)
<input type="radio"/> Contraindication (monitoring problem)
<input type="radio"/> Indication without medication (untreated indication)
<input type="radio"/> Therapeutic duplication
<input type="radio"/> Medication added without order
<input type="radio"/> Expired medication/ wrong storage
<input type="radio"/> Incorrect administration time
<input type="radio"/> Incorrect preparation/mixing
<input type="radio"/> Other Monitoring ordered but not performed
<input type="radio"/> Other Required monitoring not recommended | <input type="radio"/> Incorrect patient
<input type="radio"/> Incorrect frequency/regimen
<input type="radio"/> Allergy
<input type="radio"/> Allergy (monitoring problem)
<input type="radio"/> Drug interaction (X or avoid)
<input type="radio"/> Drug interaction (monitoring problem)
<input type="radio"/> Medication without indication
<input type="radio"/> Medication omitted without order
<input type="radio"/> Incorrect IV flow rate
<input type="radio"/> Dose omitted
<input type="radio"/> Extra dose |
|---|--|

Who discovered the error?

- Physician Pharmacist Nurse
 Patient Other I don't know

Add description of the error *

Please describe how the error occurred and discovered? and what was wrong about the medication?

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Your reference(s) Please add any references you used to evaluate this error (e.g. the drug interaction checker or the drug monograph compedia....etc)

.....

STEP 2/8 What Are The Possible Causes?

You can select more than one cause *

- | | |
|--|--|
| <input type="checkbox"/> Verbal Order
<input type="checkbox"/> Sound alike medication
<input type="checkbox"/> Look alike medication
<input type="checkbox"/> Confusing product package/labeling
<input type="checkbox"/> Confusing drug insert
<input type="checkbox"/> Incomplete patient information
<input type="checkbox"/> Incomplete prescribing instructions
<input type="checkbox"/> Misleading advertisement
<input type="checkbox"/> Lack of documentation (e.g. nursing sheet)
<input type="checkbox"/> Illegible handwriting | <input type="checkbox"/> Wrong Abbreviations
<input type="checkbox"/> Wrong decimal point
<input type="checkbox"/> use of Non- metric units
<input type="checkbox"/> Calculation error
<input type="checkbox"/> Lack of knowledge/Experience
<input type="checkbox"/> Inappropriate storage conditions
<input type="checkbox"/> Inappropriate dispensing area
<input type="checkbox"/> Environmental factors (Workload- Noise - Poor communication)
<input type="checkbox"/> Lack of patient education or compliance
<input type="checkbox"/> Lack of drug information sources
<input type="checkbox"/> Other: |
|--|--|

STEP 3/8 Which Medication(s) Was Involved?

Generic Name of the drug *

Or write NOT SPECIFIC if the error is general to any medication

.....

Brand Name *

.....

Dosage form & concentration

.....

Generic Name of drug 2

You can add another medication that is mainly involved in the error e.g. in cases of drug interaction errors

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Brand Name of drug 2

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