**This document is protected. Click the grey box in each section to complete the form.**

**MEDICINES ERROR AND**

**NEAR MISS REPORT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child/ Young Person** |  | **DOB** |  |
| **Children’s Home** |  | **Date error discovered** |  |
| **Date of Incident** |  | **Time** |  |

**1. Nature of error/incident** *(tick as appropriate)*

|  |  |
| --- | --- |
|  | Incorrect medication given |
|  | Incorrect time |
|  | Incorrect dose |
|  | Incorrect route |
|  | Incorrect child/young person |
|  | Medication omitted |
|  | MAR not signed |
|  | Failure to document reason for missed dose |
|  | Pharmacy error |
|  | Checking error |
|  | Signing in medication error |
|  | Near miss |
| Other (please specify) | |

**2. Description of error /near miss**

**(Describe exactly what happened including the reason the error or near miss occurred)**

|  |
| --- |
|  |

**3. Notifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES/NO |  | | | |
| GP notified? |  | GP Name: | | | |
| On Call/Manager notified |  | Phone | Email | Letter | Other |
| Family notified? |  | Phone | Email | Letter | Other |
| Local Authority Safeguarding notified |  | Phone | Email | Letter | Other |
| Ofsted notified |  | Phone | Email | Letter | Other |

**4. Action taken as a result of the error** *(e.g. GP called, hospitalised)* **or near miss**

|  |
| --- |
|  |

**5. How can this incident be prevented in the future?**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Staff member: |  | (sign and print name) | |
| Manager: |  | (sign and print name) | |
| Manager comments: |  | | |
| Report reviewed by: |  | Date: |  |