**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:  |       |