Pharmaceutical Services Programme
Ministry of Health Malaysia
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MEDICATION ERROR (ME) REPORT FORM

Reporters do not necessarily have to provide any individual identifiable health information, including names of practitioners, names of patients, names of healthcare facilities, or dates of birth (age is acceptable)

MERS reference no:
ME/ref/

1 Date of event: ☐☐☐☐☐☐ dd/mm/yy

2 Time of event: ☐☐☐☐ hh/mm (24 hr)

3 Type of Facility: *Government/ Private

☐ Hospital ☐ Clinic ☐ Pharmacy

☐ Others: _____

4 Setting of event:

☐ Ward (Please specify: Medical/Pead/Ortho/……)
☐ Clinic (Please specify: Outpatient/Specialist/Dental/……)
☐ Pharmacy (Please specify: Inpatient/Outpatient/Satellite/A&E/……)
☐ A&E
☐ Others (Please specify: _____)

5 Please describe the error. Include description/ sequence of events and work environment (e.g. change of shift, short staffing, during peak hours). If more space is needed, please attach a separate page.

Eg.: Prescribing error (wrong drug). Dr prescribed T.Prazosin 1mg OD instead of T.Prazosin 1mg BD. Error detected by pharmacist during dispensing.

6 INITIAL process in which the error was initiated.

☐ Prescribing
☐ Data Entry System
☐ Labelling (manual)
☐ Filling
☐ Dispensing
☐ Administration
☐ Others (Please specify) :

_____

7 Other processes involved in ME *(Can choose more than one, DO NOT REPEAT PROCESS IN Q.6)*

☐ Prescribing
☐ Data Entry System
☐ Labelling (manual)
☐ Filling
☐ Dispensing
☐ Administration
☐ Others (Please specify) :

_____

8 Did the error reach the patient?

☐ YES ☐ NO

9 Describe the direct result on the patient (e.g. death, type of harm, additional patient monitoring e.g. BP, HR, glucose level etc.).

10 Please tick the appropriate Error Outcome Category (Select one)

☐ A Potential Error, circumstances/ events have potential to cause incident
☐ B Near Miss – did not reach patient
☐ C Actual Error - caused no harm
☐ D Additional monitoring required - caused no harm
☐ E Treatment/ intervention required - caused temporary harm
☐ F Initial/ prolonged hospitalization - caused temporary harm
☐ G Caused permanent harm
☐ H Near death event
☐ I Death

Reference: © 2001 National Coordinating Council for Medication Error Reporting and Prevention

11 Indicate the possible error cause(s) and contributing factor(s).

☐ **Staff factors**
- ☐ Inexperienced personnel
- ☐ Inadequate knowledge
- ☐ Distraction
- ☐ Careless
- ☐ Fatigue
- ☐ Failure to adhere to SOP

☐ **Medication related factors**
- ☐ Sound alike medication
- ☐ Look alike medication
- ☐ Look alike packaging

☐ **Task factors**
- ☐ Unstandardized practice
- ☐ Availability/reliability of information
- ☐ Inadequate policy/procedure
- ☐ Inadequate monitoring/enforcement
- ☐ Use of abbreviation
- ☐ Illegible handwriting

☐ **Technology factors**
- ☐ Computerized system error
- ☐ Inadequate/malfunction of system

☐ **Work and environment factors**
- ☐ Heavy workload
- ☐ Peak hour
- ☐ Stock arrangements/ storage problem
- ☐ Disturbance at workplace
- ☐ Inappropriate space/layout

☐ **Team factors**
- ☐ Lack communication
- ☐ Lack supervision

Reference: Possible Error Cause(s) and Contributing Factor(s) as per QAP1 Form

For question 12-14, please fill each box with one of the following option.

12 Which category made the initial error? ☐

13 Other category also involved in the error? ☐

14 Which category detected the error? ☐

a. Specialist
b. Medical Officer (MO)
c. Houseman Medical Officer (HMO)
d. Pharmacist
e. Provisional Registered Pharmacist (PRP)
f. Nurse
g. Nurse (Trainee)
h. Assistant Medical Officer (AMO)
i. Assistant Medical Officer Trainee
j. Pharmacist Assistant
k. Pharmacist Assistant Trainee
l. Patient/ Caregiver
m. Dentist
n. Others (Please specify): _____

15 If available, please provide patient's particulars (Do not provide any patient identifiers).

Age: ☐☐ *years/ months/ days **Gender:** ☐ Male ☐ Female **Diagnosis:** _____

* Please delete whichever not applicable

16 Product Details: Please complete the following for the product(s) involved. Kindly attach a separate page for additional products.

Product Description	Product # 1 (intended)	Product # 1(error)
16.1 Generic Name (Active Ingredient)		
16.2 Brand / Product Name		
16.3 Dosage Form		
16.4 Dose, frequency, duration, route		

If error involved similar product packaging, please fill in 16.5-16.7.

Product Description	Product # 1 (intended)	Product # 1(error)
16.5 Manufacturer		
16.6 Strength / Concentration		
16.7 Type and Size of Container		

17 Reports are most useful when relevant materials such as product label, copy of prescription/order, etc., can be reviewed. Can these materials be provided?

☐ No

☐ Yes : _____

18 Suggest any recommendations, or describe policies or procedures you instituted or plan to institute to prevent future similar errors. If available, kindly attach investigational report e.g. Root Cause Analysis (RCA).

(Fold here)

Reporter's Details

Name	
Profession	
Facility and Address	Postcode :
E-mail	
Telephone number	

For official use :

Date report received : ☐☐☐☐☐☐ dd/mm/yy

Ref. No. ☐☐☐☐☐☐

ME Type ☐

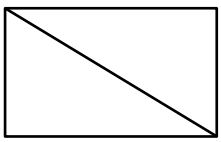
ME Category ☐

Medication Safety

Is Everyone's Responsibility

(Fold here)

NO STAMP REQUIRED



SETEM POS TIDAK DIPERLUKAN

REPLY PAID / JAWAPAN BERBAYAR
MALAYSIA
No. Lesen : BRS 0915 SEL

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