



**ROYAL GOVERNMENT OF BHUTAN  
NAME OF HCC  
DZONGKHAG**

**MEDICATION ERROR REPORTING FORM**

***REPORTERAS DO NOT NECESSARILY HAVE TO PROVIDE ANY INDIVIDUAL IDENTIFIABLE HEALTH INFORMATION, INCLUDING NAMES OF PRACTITIONERS, NAMES OF PATIENTS***

1. Date of event:

Time of event:

2. In which process did the error occurred?

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Prescribing    | <input type="checkbox"/> Transcribing     | <input type="checkbox"/> Dispensing |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Others (Specify) |                                     |

3. Please describe the ERROR

4. Was the correct medication, dose, dosage from administered to or taken by the patient  YES  NO

4.1 Please tick the appropriate \*\* Error Outcome Category (Select one)

**ERROR, No Harm**

- Actual Error did not reach patient
- Actual error caused no harm
- Additional monitoring required
- Caused no harm

**Error, Harm**

- Treatment/intervention required- caused temporary harm
- Initial/prolonged hospitalization- caused temporary harm
- Caused Permanent harm
- Near death event



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ERROR, DEATH  Death

5. Indicate the possible error caused(s) and contributing factor(s)

- Inexperienced personnel  Failure to adhere to work procedure  Lookalike medication  
 Peak hours  Illegible prescription  Sound alike medication

Wrong labelling/instruction on dispensing envelope or bottle/container  Others(specify)

6. Which Category made the initial error?

- Doctor  Nurse  Pharmacist/Pharmacy technician  Others

7. Which other category is also involved in the error?

- Doctor (Specify: Specialist/GDMO)  Nurse  Pharmacist/Pharmacy technician  Others

8. If available, please provide patients particulars (do not provide any patient identifiers)

Age \_\_\_\_\_ Gender   Male  Female  Other

Diagnosis:

9. Reported by: \_\_\_\_\_ (Mention designation only) and Units name:

10. Date Reported: