

# Medication Event

Date: \_\_\_\_\_

☐ Day

☐ Evening

☐ Night

Med: \_\_\_\_\_

Route: \_\_\_\_\_

☐ Actual

☐ Potential

☐ Comment on back

## Type of Event

☐ Wrong drug

☐ Extra dose

☐ Wrong dose

☐ Omitted

☐ Wrong patient

☐ Equipment

☐ Wrong route

☐ Med not available

☐ Wrong time

## Contributing Factor

☐ T — Transcription

☐ I — Illegible order

☐ P — Pharmacy dispensing factor

☐ S — Similar-named drug

*Source:* Cheshire Medical Center, Keene, NH.