



# MEDICATION ERROR (ME) REPORT FORM

MERS reference no:

ME/ref/

Pharmaceutical Services Programme  
Ministry of Health Malaysia  
www.pharmacy.gov.my  
Tel: 03-78413200 Fax: 79692269

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)

- 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 Location 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.

- 6 In which process did the error occur?  
 Prescribing  Data Entry System  
 Filling  Labelling  
 Dispensing  Administration  
 Others (Please specify): \_\_\_\_\_
- 7 Did the error reach the patient?  YES  NO
- 8 Was the incorrect medication, dose or dosage form administered to or taken by 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 Actual Error – did not reach patient (near miss)
- 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 (NCC MERP)

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

- Staff factors  
 Inexperienced personnel  
 Inadequate knowledge  
 Distraction
- Medication related  
 Sound alike medication  
 Look alike medication  
 Look alike packaging
- Task and technology  
 Failure to adhere to work procedure  
 Use of abbreviations  
 Illegible prescriptions  
 Patient information/ record unavailable/ inaccurate  
 Wrong labeling/ instruction on dispensing envelope or bottle/ container  
 Incorrect computer entry
- Work and environment  
 Heavy workload  
 Peak hour  
 Stock arrangements/ storage problem
- Others (please specify):  
 .....  
 .....

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

- 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 (AMO Trainee)  
 j. Pharmacist Assistant  
 k. Pharmacist Assistant (Trainee)
- l. Patient/ Caregiver  
 m. Dentist  
 n. Others (Please specify):  
 .....

12 Which category made the initial error?

13 Other category also involved in the error?

14 Which category discovered the error or recognised the potential error?

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

Age:   \*years/ months/ days Gender:  Male  Female Diagnosis: \_\_\_\_\_

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		

\* Please delete where not applicable

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, Please specify

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).

Name :	
Profession :	
Facility and Address :	
	Postcode : <input type="text"/>
E-mail :	
Telephone number :	Fax Number :

**For official use :**

Date report received :  
      dd/mm/yy

Ref. No.

ME Type

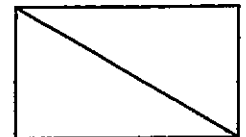
ME Category

(Fold here)

*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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Pharmaceutical Services Programme  
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