Dispensing Error Documentation Form

Note: Complete this form when an error is detected after the prescription is placed in the will call area or distributed to the customer

Pharmacy name_____

Pharmacist completing this form_____

Report date_____Date error discovered _____

Prescription #_____Prescription Fill Date _____Time of Day Filled _____am/pm

Who discovered the error (circle one) R.Ph. Tech Clerk Customer

Pharmacist responsible for error_____

Answer the following questions. **If the response to any question is yes, describe the circumstances and the outcome under Comments below.**

Was the prescription distributed to customer?	Yes	No
Did the customer use the product dispensed?	Yes	No
Did use result in harm to the customer?	Yes	No
No harm resulted but temporary monitoring required?	Yes	No
Temporary harm resulted with need for treatment or intervention?	Yes	No
Temporary harm resulted with need for hospitalization	Yes	No
Permanent harm resulted?	Yes	No
Near death resulted?	Yes	No
Medication use associated with death of customer?	Yes	No

From the list below, select the category that applies to the type of error that occurred on the above fill date and complete the description of that ordered (as written) and the one dispensed.

	Ordered	**Dispensed**
Wrong customer name		
Wrong product		
Wrong strength		
Wrong directions		
Wrong dosage form		
Wrong quantity		
Wrong prescriber		
Wrong address		

Pharmacy Manager notified Date _____Time _____ Initial _____

Prescriber notified Name_____Contact Method_____

Date_____Time_____Initials_____

Others Notified Date_____Time_____Initials_____

Comments (use other side if more space is needed). Explain the nature of the error and harm to customer, if any. Describe the corrective actions taken. Identify who was trained on corrective actions or changes in process made.

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