**MEDICAL OCCURRENCE REPORT**

**CONFIDENTIAL INTERNAL DOCUMENT - NOT PART OF MEDICAL RECORD**

<table>
<thead>
<tr>
<th>DATE OF OCCURRENCE:</th>
<th>TIME OF OCCURRENCE: (Military Time)</th>
<th>EXACT SITE OF OCCURRENCE:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**CONDITION OF PATIENT:**
- ☐ AGITATED
- ☐ ORIENTED
- x CONFUSED
- ☐ UNRESPONSIVE
- ☐ SEDATED
- ☐ OTHER

**REASON FOR HOSPITALIZATIONS:**
- ☐ UNRESPONSIVE
- ☐ SEDATED
- ☐ OTHER

**MEDICATION**
- ☐ PO
- ☐ IM
- ☐ IV INCLUDES LARGE VOLUME IV'S
- ☐ SL
- ☐ SQ
- ☐ EPIDURAL
- ☐ TRANSDERMAL
- ☐ AEROSOL
- ☐ OTHER (SPECIFY)

**ROUTE OF ADMINISTRATION**
- ☐ EPIDURAL
- ☐ AEROSOL
- ☐ OTHER (SPECIFY)

**TYPE OF OCCURRENCE** (CHECK AS MANY AS APPLY)

- ☐ ALLERGIC REACTION
- ☐ KNOWN ALLERGY
- ☐ UNKNOWN ALLERGY
- ☐ ADVERSE DRUG REACTION*
  
  SPECIFY: __________________________

- ☐ DOSAGE
  
  SPECIFY: __________________________

- ☐ WRONG DOSAGE GIVEN
  
  SPECIFY: __________________________

- ☐ WRONG DOSAGE SENT
  
  SPECIFY: __________________________

- ☐ WRONG DOSAGE ORDERED
  
  SPECIFY: __________________________

- ☐ DUPLICATION
  
  SPECIFY: __________________________

* SPECIFY INFORMATION IN SUMMARY OF FACTS

**SUMMARY OF FACTS**

**AREAS / PERSONS NOTIFIED**

<table>
<thead>
<tr>
<th>AREAS / PERSONS NOTIFIED</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>NAME</th>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSE MANAGER</td>
<td></td>
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<tr>
<td>SUPERVISOR</td>
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<tr>
<td>PHYSICIAN</td>
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<tr>
<td>PHARMACY</td>
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<tr>
<td>RISK MANAGER</td>
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</tbody>
</table>

**PRINT NAME**

**SIGNATURE**

**TITLE**

**DATE**

**REPORTED BY:**

**REPORTED PREPARED BY:**

**REPORTED REVIEWED BY:**

**WHITE - Medical Records**

**YELLOW - Attending Physician**

**PINK - Consultant**

**NOT A PERMANENT RECORD - DO NOT DUPLICATE**

8850136 Rev. 09/04 Medical Occurrence Report_NURSING_MEDICAL AFFAIRS
### FOLLOW - UP / INVESTIGATION

**MEDICATION OCCURRENCE**

**1. TYPE OF ERROR**

- [ ] A. OMISSION
- [ ] B. WRONG DRUG
- [ ] C. EXTRA DOSE
- [ ] D. WRONG DOSE
- [ ] E. WRONG TIME
- [ ] F. WRONG RATE
- [ ] G. WRONG ROUTE
- [ ] H. WRONG PREPARATION
- [ ] I. WRONG DOSE FORM

**2. TYPE OF ERROR**

- [ ] A. NOT TRANSCRIBED
- [ ] B. TRANSCRIBED WRONG
- [ ] C. CHARTING ERROR
- [ ] D. COMMUNICATION PROBLEM
- [ ] E. PHYSICIAN ORDER PROBLEM
- [ ] F. WRONG MEDICATION DISPENSED
- [ ] G. MEDICATION UNAVAILABLE
- [ ] H. LABELING PROBLEM
- [ ] I. MEDICATION ADMINISTRATION ERROR
- [ ] J. EQUIPMENT RELATED
- [ ] K. LACK OF MONITORING
- [ ] L. NON-COMPLIANCE WITH STANDARD

**3. SEVERITY**

- [YES*] A. INCREASED MONITORING NEEDED
- [ ] B. VITAL SIGN CHANGE
- [ ] C. ADDITIONAL LAB ORDERED
- [ ] D. TREATMENT NEEDED
- [ ] E. INCREASED LOS

*Explain any "YES" answers

### DEMOGRAPHICS

Check (X) the title of personnel involved in the incident. If more than one person is involved, indicate additional demographics.

**NURSING**

- [ ] RN
- [ ] PER DIEM
- [ ] LPN
- [ ] AGENCY
- [ ] TRAVELER
- [ ] STUDENT

**PHARMACY**

- [ ] PHARMACIST
- [ ] PHARMACY TECHNICIAN

**PHYSICIAN**

- [ ] RESIDENT
- [ ] HOUSE OFFICER
- [ ] ATTENDING
- [ ] MEDICAL STUDENT
- [ ] CONSULTANT

**OTHER**

- [ ] UNIT SECRETARY
- [ ] PATIENT
- [ ] OTHER (Describe Below)

### 5. CONTRIBUTING FACTORS:


### 6. ACTION TAKEN:


### 7. RECOMMENDATION FOR PREVENTION:


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For Nursing / Pharmacy QI Documentation Only

**ASSIGNED CASE #:**

**SEVERITY RATING:**

**DRUG CLASS:**