Medication Error Report

10A NCAC 09 .0803 (14) (centers) and .1720 (b)(14) (family child care homes)

The person involved in the medication error completes both pages of this report. Keep original in child's file. Attach a copy of the **Medication Administration Permission and Record** to this form.

- See the Medication Administration Permission Form for information and directions about the medication.
- See the Medication Administration Record for the type and dosage of medication given.

Facility name:	Phone number:
Person administering medication:	Classroom name:
Child's full name:	Date of birth:
Medication administered and dosage:	

Date of medication error:	Time of medication error:
Type(s) of error that occurred ☐ Gave medication to the wrong child ☐ Gave the wrong medication ☐ Gave medication on the wrong date ☐ Gave medication at the wrong time ☐ Gave medication by the wrong route ☐ Gave wrong dose / amount of medication ☐ Forgot to give the medication ☐ Gave medication without written permission from parent/guardian ☐ Gave medication after the written permission had expired ☐ Gave medication that had expired ☐ Other (be specific): _____ _____ _____	**Observations** ☐ No change observed ☐ Describe changes in child's behavior: _____ _____ ☐ Fever _____° F ☐ Diarrhea ☐ Vomiting ☐ Stomachache ☐ Itching ☐ Rash/hives ☐ Sweating ☐ Trouble urinating ☐ Coughing ☐ Trouble breathing ☐ Change in lips or face color ☐ Seizures ☐ Crying ☐ Moaning ☐ Headache ☐ Other _____

Action taken	**Date**	**Signature**
☐ Notified Poison Control Center - (800) 222-1222		
☐ Notified parent immediately		
☐ Encouraged parent to notify health care professional		
☐ Contacted Child Care Health Consultant		
☐ Completed Incident Report because child required medical attention		
☐ Other (specify):		

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Describe what was done following the error. For example: The director contacted the parent of the child who received the wrong medication and the guardian of the child who missed her medication. The parent of the child who received the wrong medication called the child's health care professional and was given the advice that one dose of this medication would not cause problems. The guardian of the child who missed a dose called her child's health care professional who said to give the next dose at the scheduled time.
Describe what the facility will do to avoid this type of error in the future. For example: All early educators administering medication will take the training Medication Administration in Child Care and follow all the steps of safe medication administration. He/she will <u>always</u> check that the name of the child on the Medication Administration Permission form is the same as the child about to receive the medication.

Name and signature of the individual(s) involved in the error:	
Print name:	Date:
Signature:	
Print name:	Date:
Signature:	

Director/Administrator name:	Date:
Director/Administrator signature:	

Parent/Guardian name:	Date:
Parent/Guardian signature:	

Child Care Consultant name (print):
Child Care Health Consultant name (print):