TOOLKIT 4 · MEDICATION SAFETY · TOOL 5 OF 5

Medication Error and Near-Miss Report

Report what reached the patient and what did not. No name of the reporter required. Learning, not blame

Anonymous by default. You need not give your name. Reporting a near miss is as valuable as reporting an error — it shows where the system is weak before someone is hurt. Nobody is disciplined for a report made in good faith.

Date · time of event · ward	
Reporter (optional) · role	

1 · STAGE

☐ Prescribing ☐ Transcribing ☐ Dispensing ☐ Administering ☐ Monitoring ☐ Patient's own medicines

2 · TYPE

☐ Wrong drug ☐ Wrong dose ☐ Wrong route ☐ Wrong time ☐ Wrong patient ☐ Omitted ☐ Duplicate ☐ Allergy not checked ☐ Other

3 · WHAT HAPPENED (FACTS, NO NAMES)

4 · DID IT REACH THE PATIENT?

Near miss (caught before)	Reached, no harm	Reached, monitoring needed	Temporary harm	Permanent harm / death
☐	☐	☐	☐	☐ → Sentinel Event Policy today

5 · CONTRIBUTING FACTORS

☐ Look-alike/sound-alike ☐ Illegible or verbal order ☐ Interruption ☐ Workload / staffing ☐ Calculation ☐ Labelling / storage ☐ Handover ☐ Equipment / pump ☐ Patient factors

6 · IMMEDIATE ACTION TAKEN

7 · WHAT WOULD PREVENT IT NEXT TIME (YOUR SUGGESTION)

For the medication-safety lead: reviewed (date) · classified · action · fed back to ward (date)

ASF standards: Standard 4 — medication safety; Sentinel Event Policy; Governance — incident learning