



MINISTRY OF HEALTH
PHARMACY AND POISONS BOARD
P.O. Box 27663-00506 NAIROBI

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Email: pv@pharmacyboardkenya.org

IN CONFIDENCE

MEDICATION ERROR REPORTING FORM

1. Date of event (dd/mm/yyyy):...../...../..... 2. Time of event (hh/mm):

3. Institution details
Name of Institution: Contact/Tel No: Facility Code: County:

4. Patient Information
Patient initials: D.O.B/Age: Gender: Male Female

5. Details on the medication error
Location of event:
 Ward (Specify: medical, paed, ortho) Accident & Emergency/Casualty
 Clinic (Specify: outpatient, dental, specialist) Others: (Please specify)
 Pharmacy (paeds, main, inpatient, outpatient)

6. 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.

7. In which process did the error occur?
 Prescribing
 Dispensing (includes filling)
 Administration
 Others (Please specify)

8. Did the error reach the patient?
 Yes No

9. Was the correct medication, dose or dosage form administered to or taken by the patient?
 Yes No

10. Describe the direct result on the patient (e.g. death, type of harm, additional patient monitoring e.g. BP, heart rate, glucose level etc)

11. Please tick the appropriate Error Outcome Category (Tick one appropriate box below):

NO ERROR Potential error, circumstances/events have potential to cause incident

ERROR, HARM
 Treatment /intervention required-caused temporary harm
 Initial/prolonged hospitalization-caused temporary harm

Caused permanent harm
 Near death event

ERROR, NO HARM
 Actual error-did not reach patient
 Actual error-caused no harm
 Additional monitoring required-caused no harm

ERROR, DEATH
 Death

12. Indicate the possible error cause(s) and contributing factor(s) below (Tick the appropriate box(es):

Staff factors
 Inexperienced personnel
 Inadequate knowledge
 Distraction

Work and environment
 Heavy workload
 Peak hour
 Stock arrangements/storage problem

Task and technology
 Failure to adhere to work procedure
 Use of abbreviations
 Illegible prescriptions
 Patient information/record unavailable/ inaccurate
 Wrong labelling/instruction on dispensing envelope or bottle/container
 Incorrect computer entry
 Others (please specify):

Medication related
 Sound alike medication
 Look alike medication
 Look alike packaging

13. Product details: Please complete the following for products involved. Kindly attach a separate page for additional products

Product Description	Product No. 1 (intended)	Product No. 2 (error)
13.1 Generic name (active ingredient)		
13.2 Brand/ Product Name		
13.3 Dosage form		
13.4 Dose, frequency, duration, route		

Please fill in 13.5-13.7 if error involved look alike (similar) product packaging:

Product Description	Product No. 1 (intended)	Product No. 2 (error)
13.5 Manufacturer		
13.6 Strength/concentration		
13.7 Type and size of container		

14. Suggest any recommendations, or describe policies or procedures you instituted or plan to institute to prevent future similar errors. If available, kindly attach an investigational report e.g. Root Cause Analysis (RCA)

Reporter Details

Name of Initial reporter:	Cadre/designation:	Mobile no: Email:	Date of report:
Name of Person Submitting to PPB if different from reporter	Cadre/designation:	Mobile no: Email:	Date of Submission:

FOR OFFICIAL (PPB) USE ONLY	
Medication error report no:/...../.....	Medication error type.....
Date report received (dd/mm/yyyy):...../...../.....	Medication error category
Vigiflow Entry Number..... Date Committed/...../.....	

Your support towards the National Pharmacovigilance system is appreciated

Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the event. Patient's identity is held in strict confidence and program staff is not expected to and will not disclose reporter's identity in response to any public request. Information supplied by you will contribute to the improvement of medicine safety and therapy in Kenya.

Once completed please send to: The Pharmacy and Poisons Board on the above address