The Arc
Northeastern Pennsylvania

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The Arc of Northeastern Pennsylvania

Medication Incident/Error Form

Consumer:_____

Date of Incident/Type of Error:_____

Medication, Dosage & Time:_____

Route:_____

Describe in detail how this incident: (use back if necessary)

_____

_____

_____

Name of Med-Supervisor contacted:_____

Date/Time medication supervisor contacted: (date)_____(time)_____

Additional necessary contacts:

Administrator:_____ Pharmacy:_____

Physician contacted:_____Time call returned:_____

Recommendations:_____

Did this incident involve a second consumer? Yes_____ No_____

If yes, describe any reaction?_____

_____

Further action needed or recommended as a result of this incident:_____

_____

_____

Staff Reporting:_____ Date:_____

Site Supervisor:_____ Date:_____

Program Specialist:_____ Date:_____

HICSIS Incident Report Completed: Yes_____ No_____ *Revised-January 04*

"Supporting Children and Adults With Intellectual and Developmental Disabilities and Their Families"
Affiliated with The Arc of PA and The Arc of the United States.

United Way
of Lackawanna County