CVH-495
Rev. 07/10

CVH Medication Event Reporting Form (MERF)

(*To Be Completed By Employee Discovering Event*)

SECTION I

Location (unit):_____

Date Event Reported _____ Date Event First Occurred _____

Time Event Reported _____ AM/PM Time Event First Occurred _____ AM/PM

Patient Name: _____ MPI#: _____

SECTION II

Type of Event (*Check one*): ☐ Potential ☐ Actual (Medication event reached patient)

****Medication(s) Involved:** Number of Variances* for each medication (**For Actual Events ONLY):**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

**Variances: Total number of doses that reached the patient or were omitted*

***If more than six (6) medications are involved, must submit additional form(s)*

SECTION III

Event Categories (*Check all items within each event category that apply*):

☐ **Drug Count Discrepancy**

A. Prescribing:

☐ Order written for incorrect patient
☐ Order is illegible
☐ Incorrect dose ordered
☐ Incorrect route ordered
☐ Incorrect dosing regimen
☐ Incorrect medication ordered
☐ Order written for medication to which patient has documented allergy
☐ Order written for medication to which patient has potential allergy
☐ Order contains prohibited abbreviation
☐ Unclear/ambiguous order
Was order: ☐ Written ☐ Verbal
☐ Incomplete paperwork (*Example: Omitted off Formulary Request Form/Antibiotic Order Form*)
☐ Other: _____

B. Dispensing:

☐ Medication dispensed to incorrect patient
☐ Incorrect medication dispensed to drawer
☐ Incorrect dose of medication dispensed to drawer
☐ Pharmacy dispensed medication formulated for incorrect route
☐ Medication to which patient has known allergy dispensed
☐ Medication to which patient has potential allergy dispensed
☐ Undue delay
☐ Formulary medication not dispensed by Pharmacy because medication not available
☐ Look alike/Sound alike medication
☐ Labeling error
☐ Ambiguous strength designation in labeling
☐ Pharmacy Order Entry
☐ Other: _____

C. Transcribing:

☐ Order transcribed for incorrect patient
☐ Illegible transcription to Kardex
☐ Incorrect dose transcribed
☐ Incorrect route transcribed
☐ Incorrect dosing time transcribed
☐ Incorrect medication transcribed
☐ Allergy not transcribed
☐ Telephone order transcribed incorrectly
☐ Order not transcribed
☐ Medication not transcribed to new MAR
☐ Other:_____

D. Administering:

☐ Medication administered to incorrect patient
☐ Incorrect medication administered
☐ Incorrect dose of medication administered
☐ Medication administered by incorrect route
☐ Medication administered at incorrect time
☐ Medication administered at incorrect rate
☐ Medication to which patient has documented allergy administered
☐ Medication to which patient has potential allergy administered
☐ Extra dose of medication administered
☐ Dose of medication omitted
☐ Medication incorrectly prepared
☐ Equipment failure or malfunction
☐ Look alike/Sound alike medication
☐ PYXIS not validated with MAR
☐ Other: _____

E. Monitoring

☐ Physician did not order appropriate follow-up (*vital signs, lab work, studies such as EKG, CXR*)
☐ Nursing did not perform appropriate follow-up (*vital signs, process lab work/study orders*)
☐ Nursing did not perform appropriate evaluation of patient (Accucheck, BP)
☐ Other: _____

SECTION IV

Report of Event: _____

Action Taken: _____

Do you feel lack of training contributed to this event?	☐ Yes	☐ No	☐ Unknown
Do you feel unit staffing contributed to this event?	☐ Yes	☐ No	☐ Unknown
Did redeployment of staff directly contribute to this event?	☐ Yes	☐ No	☐ Unknown
Did per diem staffing directly contribute to this event?	☐ Yes	☐ No	☐ Unknown
Did overtime staffing directly contribute to this event?	☐ Yes	☐ No	☐ Unknown
Do you feel working conditions contributed to this event?	☐ Yes	☐ No	☐ Unknown

SECTION V

Best Estimate of Severity (*To be completed by Physician for **ACTUAL EVENTS ONLY***):

- ☐ No patient harm. (Level 1; ORYX 1)
- ☐ Event resulted in the need for increased patient monitoring but no change in vital signs and no patient harm. (Level 2; ORYX 1)
- ☐ Event resulted in the need for increased patient monitoring with a change in vital signs but no ultimate patient harm, or any event that resulted in the need for increased laboratory monitoring. (Level 3; ORYX 2)
- ☐ Event resulted in the need for treatment with another drug or and increased length of stay, or acute care hospital admission, or that affected patient participation in an investigational drug study. (Level 4; ORYX 2)
- ☐ Event resulted in permanent patient harm or was life threatening. (Level 5; ORYX 3)
- ☐ Event resulted in patient death. (Level 6; ORYX 3)

NOTE: Severity rating of Level 4 or above should be forwarded immediately to Registered Nurse Supervisor for critical incident reporting.

Physician's Comment (*If applicable*): _____

_____ _____ _____

Physician Signature *Print Name* *Date*

MERF# _____