

University of Prince Edward Island	Policy Number: 0003
Policy Title: Medication Incident Report	Pages:- 2
	Creation Date: February 2003
Authority: Faculty of Nursing	Version Date: February, 2018
Reference: Adapted from Queens University,2003	Review Date: February, 2023

PURPOSE:

1. To document the type and frequency of medication incidents that occur during student clinical experiences in order to identify, analyse, and take action.
2. To provide documentation about the student’s progression in the program.
3. To serve as an educational tool to assist faculty to detect gaps in understanding and direct changes in the educational program.
4. To support student learning and self-reflection.

SCOPE: All students enrolled in the baccalaureate nursing program (2 year program and 4 year program).

RESPONSIBILITY: Faculty of Nursing

DEFINITIONS

The following definitions apply when completing this report.

Medication incident: an event which involves an error in the administration of a drug (immunization agents) to a patient, or lack of administration of a prescribed drug to a patient.

Medication discrepancy: an event which does not involve the actual administration of a drug to a patient, but where an error in the medication process has been detected and corrected before reaching the patient.

The following guidelines are to be followed when completing medication incident reports:

1. Documentation about the incident should be objective and contain factual information only.
This form does not replace the organization’s incident reporting form.
2. Normally, reports are to be completed by the person directly involved in or present at the time of the incident, i.e., student or Clinical Nursing Instructor. When a student is under the supervision of a preceptor/instructor, the Course Coordinator is to be notified of the incident as soon as possible. The incident report is to be completed by the student.
3. The report will be sent to the Course Coordinator, copied to the Dean or designate, and kept in the student’s file.

APPENDIX 1: Medication Incident Reporting Form
(Modified from Queens University)

APPENDIX 1

**UPEI Faculty of Nursing
MEDICATION INCIDENT/ ERROR REPORT**

This form is to be completed by the student.

Name of Student _____ Work site _____
Error _____

Date of _____

Who was notified of the incident?

Describe exactly what happened:

Describe what actions occurred once the incident was noted:

Describe the consequences or potential consequences related to the incident:

Student's recommendations to prevent re-occurrence:

Recommendations from the Dean or designate:

Student Signature _____ **Date** _____

Clinical Preceptor/Instructor Signature

_____ **Date** _____

Course Coordinator Signature

_____ **Date** _____